

DOCUMENT # L02000028346		
1. Entity Name FPM MEDICAL MANAGEMENT, LLC		
Principal Place of Business 1999 THATCH PALM DRIVE BOCA RATON, FL 33432		Mailing Address 1999 THATCH PALM DRIVE BOCA RATON, FL 33432
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
6. Name and Address of Current Registered Agent		
MESA, FRANK PEREZ 1999 THATCH PALM DR. BOCA RATON, FL 33432		Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
Filing Fee is \$50.00 Due by September 6, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, FRANK 1999 THATCH PALM DRIVE BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, F.S.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		