

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90037 008 ***150.00

0198631

DOCUMENT # M52012

1. Entity Name

MIAMI MEDICAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**C/O MARSHA G. MADORSKY, ESQ.
 2665 S BAYSHORE DR STE 603
 MIAMI FL 33133**

**C/O MARSHA G. MADORSKY, ESQ.
 2665 S BAYSHORE DR STE 603
 MIAMI FL 33133**

UUUJ00JJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 SE Second Street

100 SE Second Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4000

Suite 4000

City & State

City & State

Miami, Florida

Miami, Florida

4. FEI Number

59-2806459

Applied For

Not Applicable

Zip

Country

33131

USA

Zip

Country

33131

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADORSKY, MARSHA G. ESQ.
 2665 S BAYSHORE DR STE 603
 MIAMI FL 33133**

Name

Marsha G. Madorsky, Esq.

Street Address (P.O. Box Number is Not Acceptable)

100 SE Second Street

Suite 4000

City

Miami

FL

Zip Code

33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Marsha Madorsky

(NOTE: Registered Agent signature required when reinstating)

3-19-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	MADORSKY, MARTIN	
STREET ADDRESS	7800 SW 87TH AVE C-350	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MADORSKY, MARSHA G.	
STREET ADDRESS	2665 S BAYSHORE DR 603	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN MADORSKY	
STREET ADDRESS	6101 Blue Lagoon Drive, Suite 455	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHA G. MADORSKY	
STREET ADDRESS	100 SE 2nd Street, Suite 4000	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Madorsky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

305-265-2853

Daytime Phone #

CR2E034 (10/00)