

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29916

1. Entity Name

AMERICAN BOARD OF MEDICAL MANAGEMENT, INC.

Principal Place of Business

4890 W. KENNEDY BLVD.  
SUITE 200  
TAMPA FL 33609-2517

Mailing Address

4890 W. KENNEDY BLVD.  
SUITE 200  
TAMPA FL 33609-1870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2969547

Applied For

Not Applicable

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

SCHENKE, ROGER S.  
4890 W. KENNEDY BLVD.  
STE. 200  
TAMPA FL 33609-2517

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BABKA, JOHN C M.D.	
STREET ADDRESS	323 JEFFORDS	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KAUFMAN, RONALD MD	
STREET ADDRESS	3500 E. FLETCHER AVE., #530	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SCHENKE, ROGER	
STREET ADDRESS	4890 W. KENNEDY BLVD., #200	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KIJNT, ROBERT B.	
STREET ADDRESS	1400 CHARLES ST.	
CITY-ST-ZIP	ROCKFORD IL 61104	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00

813 287-2000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)