

2001 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 33609-2517

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

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

7. Name and Address of New Registered Agent

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

TITLE PD
NAME BABKA, JOHN C M.D.
STREET ADDRESS 323 JEFFORDS
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE VPD
NAME KAUFMAN, RONALD MD
STREET ADDRESS 3500 E. FLETCHER AVE., #530
CITY-ST-ZIP TAMPA-FL-33613 ☐ Delete

TITLE DST
NAME SCHENKE, ROGER
STREET ADDRESS 4890 W. KENNEDY BLVD., #200
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE T
NAME KLINT, ROBERT B.
STREET ADDRESS 1400 CHARLES ST.
CITY-ST-ZIP ROCKFORD IL 61104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90164 001 ***122.50



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)