

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90017 005 ***150.00

DOCUMENT # P00000059850

1. Entity Name

S.L. MEDICAL MANAGEMENT CORP.

Principal Place of Business

**1545 STATE ROAD 951
NAPLES FL 34116**

Mailing Address

**1545 STATE ROAD 951
NAPLES FL 34116**

2. Principal Place of Business

COLLIER BOULEVARD

3. Mailing Address

12565 COLLIER BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FLORIDA

City & State

NAPLES FL

Zip

34116

Country

USA

Zip

34116

Country

US

4. FEI Number

59-3664010

☒ 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

**FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311**

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

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 ☐ Delete
NAME **D LITVAK, SERGIO**
STREET ADDRESS **1545 STATE ROAD 951**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☒ Change ☐ Addition
NAME **LITVAK SERGEY**
STREET ADDRESS **12565 COLLIER BLVD**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SERGEY LITVAK

4-30-2001

941-4559919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)