

9/12/01-90007-032-\$150.00-\$150.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000117819**

1. Entity Name

**FLORIDA MEDICAL MANAGEMENT, INC.**

Principal Place of Business

**1004 NW 80TH TERRACE  
PLANTATION FL 33322**

Mailing Address

**1004 NW 80TH TERRACE  
PLANTATION FL 33322**

2. Principal Place of Business

3. Mailing Address

**6919 W. Broward Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 240**

City &amp; State

**PLANTATION, FL**

Zip

Country

Zip

Country

**33317****USA**

4. FEI Number

**65-1066939**

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

**SAFRON, WILLIAM  
1004 NW 80TH TERRACE  
PLANTATION FL 33322**Name **SAFRON, WILLIAM**

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

**6640 PATIO LANE**

City

**BOCA RATON**

FL

Zip Code

**33433**

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 \$550.00****After September 12, 2001 Fee will be \$750.00****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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SAFRON, WILLIAM</b>	
STREET ADDRESS	<b>1004 NW 80TH TERRACE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAFRON, WILLIAM</b>	
STREET ADDRESS	<b>6640 PATIO LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	

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		

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		

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: **WILLIAM SAFRON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-01

561-716-1055

FILED

01 OCT 12 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)