

02/03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000117533

1. Entity Name

MMS MEDICAL MANAGEMENT SOLUTIONS, INC.

03 FEB 13 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900012462159
02/13/03--01050--011 **308.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9004 S.W. 62nd Terr.
Suite, Apt. #, etc.

3. Mailing Address

9004 S.W. 62nd Terr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
14-1866597

Applied For
Not Applicable

Zip
33173

Country
USA

Zip
33173

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Marilyn Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
9004 S.W. 62nd Terrace

City
Miami, FL Zip Code
33173

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

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

Marilyn Rodriguez

(NOTE: Registered Agent signature required when reinstating)

2/6/03
DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PST
NAME	Marilyn Rodriguez
STREET ADDRESS	9004 S.W. 62nd Terrace
CITY-ST-ZIP	Miami, FL 33173

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like employed.

SIGNATURE:

Marilyn Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn Rodriguez

2/6/03
DATE

805-942-3587
Daytime Phone #

305-461-6060

CR2E034B (12/01)

MMS MEDICAL MANAGEMENT SOLUTIONS, INC.
c/o MARILOLY RODRIGUEZ
9004 S.W. 62nd TERR.
MIAMI, FL 33173

February 4, 2003

Fla. Dept. of State
Div. of Corporations
Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: **MMS Medical Management Solutions, Inc.**
P01000117533

Gentlemen:

Please be advised that I incorporated on December 12, 2001. Please be further advised that since I was not aware of the annual filing requirement, and since I had a change of address and did not receive the uniform business report for the corporation, the 2002 report was not filed.


I have since hired an accountant who has advised me of the various filing requirements for corporations. Accordingly, I ask that you would accept my apologies for my ignorance as to the filing requirement and that you would waive the reinstatement fee.

I have enclosed a check in the sum of \$308.75, which constitutes \$300.00 for the 2002 and 2003 filing fees and \$8.75 for the Certificate of Status, and respectfully request that you accept this filing since my business has been greatly affected by the economic downfall and the additional fees would further create a financial burden on already bad times.

Thank you for your immediate attention and anticipated cooperation.

Sincerely,

MMS Medical Management Solutions, Inc.


Mariloly Rodriguez, President

Enclosures