## Jul 17, 2003 8:00 am

FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

Secrétary of State P02000027511 DOCUMENT # 07-17-2003 90027 033 \*\*\*550.00 1. Entity Name MANAGEMENT MD, INC. Principal Place of Business Mailing Address 2990 FLAMINGO DRIVE 2990 FLAMINGO DRIVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent --Name ABRAMOWITZ, DAVID Street Address (P.O. Box Number is Not Acceptable) **4525 NAUTILUS DRIVE** MIAMI BEACH FL 33140 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550,00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRESIDENT SECY DIR TITLE TITLE Change Daddition MICHAEL LEFKOUATE 2990 FLAMINGO DR LEFKOWITZ, MICHAEL NAME NAME STREET ADDRESS 2990 FLAMINGO DRIVE STREET ADDRESS MIDMI BROCH EL 33/43
VICE PRESTREAS/ASST SECY/OR Change MIAMI BEACH FL 33140 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE VSTD TITLE ABRAMOWITZ, DAVID NAME DAULD ABRAMOWED 4525 NAUTILUS DRIVE STREET ADDRESS STREET ADDRESS SZS NAUTILUS DE MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change -Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI

12. I hereby cartify 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 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with an address

with all other like empowe