2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000034831

1. Entity Name

MEDICAL PRACTICE MANAGEMENT, INC.



FILED May 05, 2003 8:00 am 8 Secretary of State

05-05-2003 90372 016 ***150.00

Sute, Apt. #, etc. City & State	Principal Place of Business ONE SOUTH LAKESIDE DRIVE SUITE C2 LAKE WORTH FL 33460			Mailing Address ONE SOUTH LAKESIDE DRIVE SUITE C2 LAKE WORTH FL 33460					11038285					
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I hereby certify that the information supplied with this filling 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 have 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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sichature Adeural SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR