

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91297 006 \*\*\*150.00

0387394 AV

DOCUMENT # P02000084897 ✓

1. Entity Name

MAGNETIC MEDICAL MANAGEMENT, INC.



Principal Place of Business  
11337 OKEECHOBEE BLVD.  
ROYAL PALM BEACH FL 33411

Mailing Address  
11337 OKEECHOBEE BLVD.  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

12798 W. Forest Hill Blvd.

3. Mailing Address

12798 W. Forest Hill Blvd

Suite, Apt. #, etc.

Suite 301A

Suite, Apt. #, etc.

Suite 301A

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

16-1621347

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CONROY, KELLY A  
11337 OKEECHOBEE BLVD.  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

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

12798 W. Forest Hill Blvd.

Suite 301A

City Wellington

FL

Zip Code 33414

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: *Kelly A. Conroy*  
Signature, typed or printed name of registered agent and title if applicable.

KELLY A. CONROY

4/25/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CONROY, KELLY A  
STREET ADDRESS 11337 OKEECHOBEE BLVD., SUITE A  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE D ☐ Delete  
NAME HUBER, JONATHAN S  
STREET ADDRESS 11337 OKEECHOBEE BLVD., SUITE A  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE D ☐ Delete  
NAME BAUMEL, ERIC M  
STREET ADDRESS 11337 OKEECHOBEE BLVD., SUITE A  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE D ☐ Delete  
NAME KIRCHNER, THOMAS  
STREET ADDRESS 11337 OKEECHOBEE BLVD., SUITE A  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Eric Baumel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BAUMEL

4/29/03

561-795-5558

Date

Daytime Phone #

CR2E034 (10/02)