2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000095874

000WENT#102000033074

Entity Name: REVELLO MEDICAL MANAGEMENT, INC.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
705 W FL TAMPA, F	ETCHER AVE L 33612				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
705 W FL ГАМРА, F	ETCHER AVE L 33612				
El Number	: 03-0480722	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
	, MARTIN ETCHER AVE 'L 33612				
The above n the Stat	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
The above n the Stat SIGNATU	e of Florida.	submits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,	
n the Stat	e of Florida. [*] RE:	submits this statement for the particular sta		ed office or registered agent, or both, Date	
n the Stat SIGNATU	e of Florida. RE: Electror				
n the Stat SIGNATU Election Ca	e of Florida. RE: Electror	nic Signature of Registered Ag	ent		
n the Stat SIGNATU Election Ca	e of Florida. RE: Electror mpaign Financin S AND DIREC D BILGRAY, PAT	nic Signature of Registered Ag g Trust Fund Contribution (). TORS:) Delete RICIA RS AVE STE #5	ent	Date	
n the Stat BIGNATU Election Ca DFFICER Fitle: Name: Address:	e of Florida. RE: Electror mpaign Financin. S AND DIREC D (BILGRAY, PAT 7520 W WATE TAMPA, FL 33	nic Signature of Registered Ag g Trust Fund Contribution (). TORS:) Delete RICIA RS AVE STE #5 615) Delete RTIN	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN REVELLO D 04/30/2003