

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90004 008 \*\*\*150.00

**DOCUMENT # P02000105771**

1. Entity Name  
**RENAISSANCE MEDICAL MANAGEMENT, INC.**



Principal Place of Business  
**15870 NW 10TH ST.  
PEMBROKE PINES, FL 33028**

Mailing Address  
**15870 NW 10TH ST.  
PEMBROKE PINES, FL 33028**

**44046488**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05212004

Chg-P

CR2E034 (10/03)

4. FEI Number

**14-1849901**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARVELO, LYDIA E  
15870 NW 10TH ST.  
PEMBROKE PINES, FL 33028**

Name

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

City

**FL**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **ARVELO, LYDIA E**  
STREET ADDRESS **15870 NW 10TH ST.**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **VD** ☐ Delete  
NAME **PEREZ, YAZMIN G**  
STREET ADDRESS **15870 NW 10TH ST.**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **SD** ☐ Delete  
NAME **PEREZ, RAMON E**  
STREET ADDRESS **15870 NW 10TH ST.**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lydia E. Arvelo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*6/3/04*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 21, 2004

RENAISSANCE MEDICAL MANAGEMENT, INC.  
P.O. 826912  
SOUTH FLORIDA, FL 33082

SUBJECT: RENAISSANCE MEDICAL MANAGEMENT, INC.  
Ref. Number: P02000105771

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker  
Document Specialist

Letter Number: 304A00035913

Attachment

P02000105771

44046488

May 7, 2004

To Whom It May Concern

This letter is to inform you that this check was sent to your office before May 1, 2004 but it was returned from the post office. (Please see attached) Once I received this back from the post office I called your office right away and informed your office about what happened. I understand that there is a fee of \$550.00 if you receive this check after May 1, 2004. I was told from your office to send the proof of what happened and I **won't** have to pay the \$550.00. If you have any questions please don't hesitate and call me (954) 579-3916.

Thank you in advance  
Sincerely

  
Lydia Arvelo

P02-105771

PLANT MANAGER  
FORT LAUDERDALE PROCESSING & DISTRIBUTION CENTER

Attachment

44046488  
PO200010577



UNITED STATES  
POSTAL SERVICE

Dear Postal Customer:

The enclosed was found to be either loose in the mail or damaged in handling at this Postal Facility.

We are fully aware that the mail you receive is important to you. Realizing this, each employee at the Fort Lauderdale Post Office is making every effort to expeditiously handle, without damage, each piece of mail that they have been entrusted with. Nevertheless, an occasional mishap will occur.

This facility handles an excess of three million pieces of mail daily. Therefore, it is necessary that automated and mechanical systems be employed by the Postal Service to ensure our customers of prompt and efficient delivery of their mail. At times, a malfunction will occur which inadvertently damages the mail. We are constantly working to improve our processing methods so that these incidents will be eliminated. You can help us greatly in our efforts if you will continue to properly prepare and address each letter or parcel that you enter in the mail stream.

We appreciate your concern and sincerely regret any inconvenience you may have experienced as a result of this occurrence.

Plant Manager  
Fort Lauderdale Processing & Distribution Center

Enclosure