

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90221 011 \*\*\*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

44003000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

954-443-7000

Daytime Phone

CR2034 (10/02)