

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22968

1. Entity Name

MEDICAL MANAGEMENT OF AMERICA, INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90162 020 ***150.00

Principal Place of Business

980 NORTH MICHIGAN AVENUE
SUITE 1665
CHICAGO IL 60611

Mailing Address

980 NORTH MICHIGAN AVENUE
SUITE 1665
CHICAGO IL 60611

2. Principal Place of Business

40 Skokie Blvd Suite 105

3. Mailing Address

40 Skokie Blvd

Suite, Apt. #, etc.

Suite 105

City & State

Northbrook IL

Zip

60062

Country

USA

City & State

Northbrook IL

Zip

60062

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3565165

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
DESNICK, JAMES H M.D.
980 N. MICHIGAN AVE., SUITE 1665
CHICAGO IL 60611
☐ Delete
Same as above

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
40 Skokie Blvd

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ROBINSON, PHILLIP J
980 N. MICHIGAN AVE., SUITE 1665
CHICAGO IL 60611
☐ Delete
Same as above

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GEO-KARIS, ADELINE J
980 N. MICHIGAN AVE., SUITE 1665
CHICAGO IL 60611
☐ Delete
Same as above

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DESNICK, AHUVA K
980 N. MICHIGAN AVE., SUITE 1665
CHICAGO IL 60611
☐ Delete
Same as above

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip J. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01 847 753-9392
Date Daytime Phone #

CR2E034 (10/00)