2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000035985** May 06, 2000 8:00 am Secretary of State UNITED MEDICAL MANAGEMENT, INC. 05-06-2000 90152 001 *1,685.00 Principal Place of Business Mailing Address 1309 NORTH FLAGLER DR. 927 45TH ST. WEST PALM BEACH FL 33401-3406 WEST PALM BEACH FL 33407 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0411265 Not Applicable Country \$8.75 Additional Zip XX 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Valerie G. Larcombe, Esquire</u> LARCOMBE, VALERIE Street Address (P.O. Box Number is Not Acceptable) 1309 NORTH FLAGLER DR. Akerman Senterfitt WEST PALM BEACH FL 33401 777 S. Flagler Drive, Suite 900 City West Palm Beach 33401 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. Valerie G. Larcombe SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD Steven Nathan ☐ Addition PD TITLE **XX**Change TITLE ☐ Delete DUTCHER, PHILLIP NAME NAME 1309 N. Flagler Drive STREET ADDRESS STREET ADDRESS 1309 NORTH FLAGLER DR. West Palm Beach, FL 33401 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Addition TITLE ☐ Change ☐ Delete JOHNSON, RICHARD NAME STREET ADDRESS STREET ADDRESS 1309 NORTH FLAGLER DR. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition TITI F ☐ Delete LARCOMBE, VALERIE NAME NAME STREET ADDRESS STREET ADDRESS 1309 NORTH FLAGLER DR. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 **KK**Change ☐ Addition Delete TITLE TITLE Michael@Loscalzo NASK, FRANK NAME NAME 1309 N. Flagler Drive STREET ADDRESS STREET ADDRESS 1309 NORTH FLAGLER DR. CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33401 WEST PALM BEACH FL 33401 Addition ☐ Delete TITLE ☐ Change TITLE FREDERICK ADLER NAME NAME STREET ADDRESS 1309 NORTH FLAGLER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Nathan

President_and CEO

4/27/00

<u>561-6</u>50-6201

Daytime Phone #