

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077669

1. Entity Name

MED-MANAGE GROUP, INC.

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90304 020 \*\*\*150.00

Principal Place of Business

2345 NW 43RD ST  
BOCA RATON FL 33431  
US

Mailing Address

2345 NW 43RD ST  
BOCA RATON FL 33431  
US

2. Principal Place of Business

2100 Lake Id Rd

3. Mailing Address

2100 Lake Id Rd

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Delray Beach, FLA

City & State

Delray Beach, FLA

Zip

33445

Country

USA

Zip

33445

Country

USA

6. Name and Address of Current Registered Agent

BOTTARI, STEVEN

2345 NW 43RD ST

BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Steven Bottari

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

2100 Lake Id Rd

Suite 1

City Delray Beach, FLA

FL

Zip Code

33445

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

*Steven Bottari*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/01

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

TITLE **D**  
NAME **BOTTARI, STEVEN**  
STREET ADDRESS **2345 NW 43RD ST**  
CITY-ST-ZIP **BOCA RATON FL**

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **Steven Bottari**  
STREET ADDRESS **2100 Lake Id Rd, Suite 1**  
CITY-ST-ZIP **Delray Beach, FLA 33445**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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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:

*Steven Bottari*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)