

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080727

1. Entity Name

PRINCETON MEDICAL MANAGEMENT SOUTHEAST, INC.

Principal Place of Business

Mailing Address

227 N KNIGHTS AVE  
BRANDON FL 33510

227 N KNIGHTS AVE  
BRANDON FL 33510-4390

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3213166

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

PARKER, DR. DAVID DDS  
227 N KNIGHTS AVE  
BRANDON FL 33510

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, 2000 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  Delete  
NAME **D**  
PARKER, DAVID DDS  
STREET ADDRESS **227 N KNIGHTS AVE**  
CITY-ST-ZIP **BRANDON FL 33510**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD**  
LOCKWOOD, GARY  
STREET ADDRESS **12752 STARK ROAD**  
CITY-ST-ZIP **LIVONIA MI 48150**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **CD P**  
LAPORT, FRANK L  
STREET ADDRESS **7421 WEST 100TH PLACE**  
CITY-ST-ZIP **BRIDGEVIEW IL 60455**

TITLE  Change  Addition  
NAME **CDP**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **STD**  
Porter, Zigmund DDS  
STREET ADDRESS **3200 N. Lake Shore Dr. Suite 1605**  
CITY-ST-ZIP **Chicago, IL 60657**

TITLE  Change  Addition  
NAME **STD**  
Porter, Zigmund DDS  
STREET ADDRESS **3200 N. Lake Shore Dr. Suite 1605**  
CITY-ST-ZIP **Chicago, IL 60657**

TITLE  Delete  
NAME **Assistant S**  
Florence Wagner  
STREET ADDRESS **11265 S. Morraine Dr.**  
CITY-ST-ZIP **Palos Hills, IL 60465**

TITLE  Change  Addition  
NAME **Assistant S**  
Florence Wagner  
STREET ADDRESS **11265 S. Morraine Dr.**  
CITY-ST-ZIP **Palos Hills, IL 60465**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered. **Certified Mail Z 547 856 659**

Return Receipt Requested

(708)

SIGNATURE:

*Florence Wagner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florence Wagner, Ass't Sec'y 4/18/2000 974-4000

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)