

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021416

1. Entity Name

INTERGROUP MEDICAL MANAGEMENT CORP.

FILED

Jan 14, 2000 8:00 am  
Secretary of State

01-14-2000 90024 009 \*\*\*150.00

Principal Place of Business

Mailing Address

7174 SW 47TH ST  
MIAMI FL 33155

PO BOX 144070  
CORAL GABLES FL 33114-4070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0596133

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 D ☐ Delete  
NAME MURCIANO, ENRIQUE  
STREET ADDRESS ~~2333 BRICKELL AVENUE, D-1~~  
CITY-ST-ZIP ~~MIAMI FL 33129~~

TITLE ☒ Change ☐ Addition  
NAME 7174 SW 47th St  
STREET ADDRESS MIAMI FL 33155  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MURCIANO, CRISTINA  
STREET ADDRESS ~~2333 BRICKELL AVENUE, D-1~~  
CITY-ST-ZIP ~~MIAMI FL 33129~~

TITLE ☒ Change ☐ Addition  
NAME 7174 SW 47th St  
STREET ADDRESS MIAMI, FL 33155  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-05-99 305-662-2925