

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90022 015 ***150.00

DOCUMENT # P94000021416

1. Entity Name

INTERGROUP MEDICAL MANAGEMENT CORP.

Principal Place of Business

**7174 SW 47TH ST
 MIAMI FL 33155**

Mailing Address

**PO BOX 144070
 CORAL GABLES FL 33114-4070**

2. Principal Place of Business

4868 SW 72nd Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0596133

Applied For

Not Applicable

Zip

33155

Country

US

Zip

Country

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

Enrique Murciano

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

430 Grand Bay Drive

Apt. 401

City

Key Biscayne

FL

Zip Code

33149

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MURCIANO, ENRIQUE**
 STREET ADDRESS **7174 SW 47TH ST**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Murciano, Enrique**
 STREET ADDRESS **4868 SW 72nd Ave**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** ☐ Delete
 NAME **MURCIANO, CRISTINA**
 STREET ADDRESS **7174 SW 47TH ST**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Murciano, Cristina**
 STREET ADDRESS **4868 SW 72nd Ave**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/30/01

Daytime Phone #

CR2E034 (10/00)