

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90055 027 \*\*\*150.00

DOCUMENT # P94000021416

1. Entity Name  
INTERGROUP MEDICAL MANAGEMENT CORP.



Principal Place of Business  
4868 SW 72ND AVENUE  
MIAMI FL 33155

Mailing Address  
PO BOX 144070  
CORAL GABLES FL 33114-4070

90013434



2. Principal Place of Business  
6285 Sunset Drive  
Suite, Apt. #, etc.

3. Mailing Address  
6285 Sunset Dr.  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Miami, FL

City & State  
Miami FL

4. FEI Number 65-0596133

Applied For  
Not Applicable

Zip 33143 Country U.S.

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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

MURCIONO, ENRIQUE  
430 GRAND BAY DRIVE  
APT 401  
KEY BISCAYNE FL 33149

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME MURCIANO, ENRIQUE  
STREET ADDRESS 4868 SW 72ND AVENUE  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE D  
NAME MURCIANO, ENRIQUE  
STREET ADDRESS 6285 Sunset Drive  
CITY-ST-ZIP MIAMI FL 33143 ☐ Change ☐ Addition

TITLE D  
NAME MURCIANO, CRISTINA  
STREET ADDRESS 4868 SW 72ND AVENUE  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE D  
NAME MURCIANO CRISTINA  
STREET ADDRESS 6285 Sunset Drive  
CITY-ST-ZIP MIAMI FL 33143 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Enrique Murciano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-03 (305)-662-2925

Date Daytime Phone #

CR2E034 (10/02)