

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064484

1. Entity Name

HEALTHPARTNERS - MEDICAL - MANAGEMENT, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90115 025 ***150.00

Principal Place of Business

8110 ROYAL PALM BLVD
#109
CORAL SPGS FL 33065
US

Mailing Address

8110 ROYAL PALM BLVD
#109
CORAL SPGS FL 33065
US

2. Principal Place of Business

10230 W. Sample Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

4. FEI Number

65-0595758

Applied For

Not Applicable

Zip

33065

Country

Broward

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

SILVA, PAUL M M.D.
7810 S WOODRIDGE DR
PARKLAND FL 33067

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
D
SILVA, PAUL M MD
7180 S WOODRIDGE DR
PARKLAND FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Director 1/25/01 (954) 796-4441

CR2E034 (10/00)

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