

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90028 018 ***150.00

DOCUMENT # P95000064484

1. Entity Name
HEALTHPARTNERS - MEDICAL - MANAGEMENT, INC.

Principal Place of Business

10230 W. SAMPLE ROAD
CORAL SPGS FL 33065
US

Mailing Address

8110 ROYAL PALM BLVD
#109
CORAL SPGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

10230 W. Sample Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs FL

4. FEI Number

65-0595758

Applied For

Not Applicable

Zip

Country

Zip

Country

33065

Broward

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, 2002 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**
STREET ADDRESS **SILVA, PAUL M MD**
CITY-ST-ZIP **7180 S WOODRIDGE DR**
PARKLAND FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02 (954) 796 4444

CR2E034 (9/01)