## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jul 07, 2000 8:00 am Secretary of State DOCUMENT # P95000066421 MEDICAL MANAGEMENT ENTERPRISES, INC. 07-07-2000 90396 033 \*\*\*150.00 Mailing Address Principal Place of Business 633 EAST COLONIAL DRIVE **522 EAST COLONIAL DRIVE** ORLANDO FL 32803-4602 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3454799 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEARLMAN, CRAIG S Street Address (P.O. Box Number is Not Acceptable) 940 HIGHLAND AVE ORLANDO FL 32803 Zip Code City FŁ 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDS ☐ Change Addition ☐ Delete TITLE TITLE ADAMS, LOIS NAME 633 E COLONIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Addition Change Delete TITLE MERYL BISZICICI GOLDBERG, MERYL NAME NAME STREET ADDRESS 327 FRESHWATER CT STREET ADDRESS ORLANDO FL 32826 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition □ Change TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

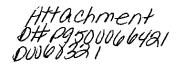
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 AND YPED OR PRINTED NAVE OF SIGNING OFFICER OR DIRECTOR

0-29-2000 Date

Daytime Phone #





Quality Care at Home

## HHCS HEALTH GROUP

633 East Colonial Dr. • Orlando, FL 32803 (407) 898-1947 • 1-800-741-4427 • FAX (407) 898-2903 http://www.hhcs.com

June 28, 2000

Department of Corporations State of Florida Po Box 1500 Tallahassee, FL 32302-1500

Re:

Medical Management Enterprises, Inc.;

Late Filing

Dear Sirs:

The Uniform Business Report for the above cited corporation was mislaid, and, until today, could not be located to issue payment.

We regret the inconvenience, and render payment in the amount of \$150.00. If you require further response, please call.

Very truly yours,

HHCS HEALTH GROUP

Medical Management Enterprises, Inc..

Meryl Biszick, BA, CPHM

Director, Administrative Services

encl.