## **2001 UNIFORM BUSINESS REPORT (UBR)**

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all the like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

## Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P95000066421 MEDICAL MANAGEMENT ENTERPRISES, INC. 01-26-2001 90135 001 \*\*\*158.75 Principal Place of Business Mailing Address 633 EAST COLONIAL DRIVE 633 EAST COLONIAL DRIVE ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3454799 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEARLMAN, CRAIG S Street Address (P.O. Box Number is Not Acceptable) 940 HIGHLAND AVE ORLANDO FL 32803 City Zip Code FL 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) 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, 2001 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 PDS TITLE ☐ Change ☐ Delete TITLE ADAMS, LOIS NAME NAME 633 E COLONIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE BISZICK, MERYL NAME NAME STREET ADDRESS 327 FRESHWATER CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32826 ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED**