

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073816

1. Entity Name

ANCHOR MEDICAL MANAGEMENT COMPANY, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90128 043 ***150.00

Principal Place of Business	Mailing Address
315 S.E. Mizner Boulevard Suite 210 Boca Raton, FL 33432	315 S.E. Mizner Boulevard Suite 210 Boca Raton, FL 33432

2. Principal Place of Business	3. Mailing Address
315 S.E. Mizner Boulevard Suite, Apt. #, etc. Suite#210 City & State Boca Raton, FL Zip 33432	315 S.E. Mizner Boulevard Suite, Apt. #, etc. Suite#210 City & State Boca Raton, FL Zip 33432

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0611603	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

Gloria, Linda
315 S.E. Mizner Boulevard
Suite 210
Boca Raton, FL 33432

7. Name and Address of New Registered Agent

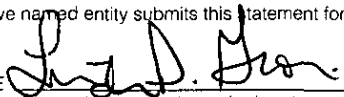
Name

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  DATE 4/19/00

(NOTE: Registered Agent signature required when reinstating)

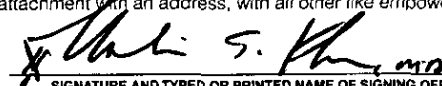
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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																																																																																																																																				
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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:  DATE 4/19/00 DAYTIME PHONE # 561-361-9543 6696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR