

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90064 046 ***150.00

DOCUMENT # P95000073816

1. Entity Name
ANCHOR MEDICAL MANAGEMENT COMPANY, INC.

Principal Place of Business

**315 SE MIZNER BLVD
 SUITE #210
 BOCA RATON FL 33432**

Mailing Address

**315 SE MIZNER BLVD
 SUITE #210
 BOCA RATON FL 33432**



2. Principal Place of Business

1001 NEWPORT CENTER DR. W. 1001 NEWPORT CENTER DR. W.

Suite, Apt. #, etc.

110

3. Mailing Address

Suite, Apt. #, etc.

110

DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH

City & State

DEERFIELD BEACH

4. FEI Number

65-0611603

Applied For

Not Applicable

Zip

33442

Country

BROWARD

Zip

33442

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GLORIA, LINDA
 315 SE MIZNER BLVD
 SUITE #210
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **LINDA GLORIA**

Street Address (P.O. Box Number is Not Acceptable)

1001 NEWPORT CENTER DR. W.

#110

City

DEERFIELD BEACH

FL

Zip Code

33442

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]

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

TITLE **D** ☐ Delete
 NAME **KOHAN, MELVIN S DR**
 STREET ADDRESS **9750 NW 33 ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☐ Delete
 NAME **ONDRUSEK, JAROSLAV DR.**
 STREET ADDRESS **9750 NW 33RD STREET**
 CITY-ST-ZIP **POMPANO BEACH FL 33065**

TITLE **D** ☐ Delete
 NAME **GLORIA, LINDA**
 STREET ADDRESS **315 SE MINER BLVD, STE #210**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME **GLORIA, LINDA**
 STREET ADDRESS **1001 NEWPORT CENTER DR. W. #110**
 CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 954-465-6300

Date

Daytime Phone #

CR2E034 (9/01)