

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



2. Principal Place of Business 3. Mailing Address
1001 NEWPORT CENTER DR. W. **1001 NEWPORT CENTER DR. W.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
110 **110**
 City & State City & State
DEERFIELD BEACH **DEERFIELD BEACH**
 Zip Country Zip Country
33442 **BROWARD** **33442** **BROWARD**

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**

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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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, 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 <input type="checkbox"/> Delete
NAME	KOHAN, MELVIN S DR
STREET ADDRESS	9750 NW 33 ST
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	D <input type="checkbox"/> Delete
NAME	ONDRUSEK, JAROSLAV DR.
STREET ADDRESS	9750 NW 33RD STREET
CITY-ST-ZIP	POMPANO BEACH FL 33065
TITLE	D <input type="checkbox"/> Delete
NAME	GLORIA, LINDA
STREET ADDRESS	315 SE MINER BLVD, STE #210
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA, LINDA
STREET ADDRESS	1001 NEWPORT CENTER DR. W. #110
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ONE REQUIRED** Date **4-30-02** Daytime Phone # **954-465-6300**

CR2E034 (9/01)