

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91438 027 \*\*\*150.00

**DOCUMENT # P95000078035**

1. Entity Name  
**RSM MANAGEMENT, INC.**



Principal Place of Business  
**201 S BISCAYNE BLVD  
17TH FLOOR  
MIAMI FL 33131**

Mailing Address  
**201 S BISCAYNE BLVD  
17TH FLOOR  
MIAMI FL 33131**

**55042665**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0668006** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ-MEDINA, ROLAND JR.  
201 S. BISCAYNE BLVD., 17ND FLOOR  
MIAMI FL 33131**

Name **ROLANDO SANCHEZ-MEDINA JR**  
Street Address (P.O. Box Number is Not Acceptable) **201 S. Biscayne Blvd., 8th Floor**  
~~PO BOX 143007~~  
~~ORLANDO FL 32134~~  
City ~~ORLANDO FL~~ **MIAMI FL** Zip Code ~~32134~~ **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rolando Sanchez Medina* **MIAMI, FL** DATE **04/21/03**

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  
NAME **SANCHEZ-MEDINA, ROLAND JR M.D.**  Delete  
STREET ADDRESS **201 S BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PD**  Change  Addition  
NAME **Rolando Sanchez-Medina, M.D.**  
STREET ADDRESS **351 NW LEGUENE ROAD, SUITE 205**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **ST**  Delete  
NAME **SANCHEZ-MEDINA, ROLAND**  
STREET ADDRESS **201 S BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **ST**  Change  Addition  
NAME **Rolando Sanchez-Medina JR**  
STREET ADDRESS **201 S. Biscayne Blvd., #1700**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rolando Sanchez-Medina Jr* **Secretary** **(305) 379-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**4/11/03**

CR2E034 (10/02)