

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003368

1. Entity Name

MEDICAL MANAGEMENT ASSOCIATES OF CENTRAL FLORIDA

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90031 038 ***150.00

Principal Place of Business

2020 SE 17TH STREET
OCALA FL 34471

Mailing Address

2020 SE 17TH STREET
OCALA FL 34471

001100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3356334**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, MICHAEL P
2020 SE 17 ST
OCALA FL 34471

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

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM ANDERSON, NORMAN H MD 2020 SE 17 ST OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUTZEYS, ROBERTO MD 2020 SE 17 ST OCALA FL 34771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCY, G. STEVEN MD 2020 SE 17TH STREET OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANT, TIMOTHY A MD 2020 SE 17 ST OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILL, MICHAEL P 2020 SE 17 ST OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD C. JOSEPH BENNETT, JR., M.D. 2020 SE 17th Street OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SACHIN S. KAMATH, M.D. 2020 SE 17th STREET OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Michael P. Hill MICHAEL P. HILL

1-9-01

3527320509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)