

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90006 030 \*\*\*150.00

0310064

**DOCUMENT # P96000077134**

1. Entity Name

**A.M.P. MEDICAL MANAGEMENT, INC.**

Principal Place of Business

**18 NE 2ND AVE.  
DEERFIELD BEACH FL 33441  
US**

Mailing Address

**18 NE 2ND AVE.  
DEERFIELD BEACH FL 33441  
US**

2. Principal Place of Business

**16 NE 2 AVE**  
Suite, Apt. #, etc.

3. Mailing Address

**16 NE 2 AVE**  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0711767**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**819071**

6. Name and Address of Current Registered Agent

**PIASCIK, MICHAEL  
18 NE 2ND AVE.  
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name **MIECZYSLAW PIASCIK**Street Address (P.O. Box Number is Not Acceptable)  
**16 NE 2 AVENUE**City **DEERFIELD BEACH FL** Zip Code **33441**

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 **MIECZYSLAW PIASCIK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/24/2001**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

TITLE **D** ☒ Delete  
NAME **PIASCIK, ANDREW**  
STREET ADDRESS **18 NE 2ND AVE.**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition  
NAME **PIASCIK, MIECZYSLAW**  
STREET ADDRESS **16 NE 2 AVENUE**  
CITY-ST-ZIP **Deerfield Beach FL 33441**TITLE **D** ☐ Change ☐ Addition  
NAME **PIASCIK, CHRISTIE**  
STREET ADDRESS **16 NE 2 AVENUE**  
CITY-ST-ZIP **Deerfield Beach FL 33441**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: **Christie Piascik**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/2001**

Date

**934-**

Daytime Phone #

CR2E034 (10/00)