2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003
Secretary of State

DOCUMENT# P97000043463

Entity Name: VERSATILE MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

18451 SE 72ND AVE
INGLIS, FL 34449

New Principal Place of Business:

Current Mailing Address:

18451 SE 72ND AVE
INGLIS, FL 34449

New Mailing Address:

FEI Number: 65-0754923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN HORN, CHERYL A
18451 S.E. 72 AVENUE
INGLIS, FL 34449 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VAN HORN, CHERYL
Address: 18451 SE 72ND AVE
City-St-Zip: INGLIS, FL 34449

Title: VP ( ) Delete
Name: METZ, KATHLEEN
Address: 221 STAGGERBUSH PATH
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL A. VAN HORN P 04/16/2003

Electronic Signature of Signing Officer or Director — Date