

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90253 049 \*\*\*150.00

DOCUMENT # P97000054402 ✓  
1. Corporation Name  
South Florida Medical Management, Inc.

Principal Place of Business Mailing Address  
7274 Poinciana Ct. 7274 Poinciana Ct.  
Miami Lakes, FL 33014 Miami Lakes, FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 7274 Poinciana Court 26 7274 Poinciana Court  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Miami Lakes, FL. 28 Miami Lakes, FL.  
Zip Country Zip Country  
24 33014 25 U.S.A. 29 33014 30 U.S.A.

3. Date Incorporated or Qualified  
6/20/1997  
4. FEI Number  
65-0804516  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
7. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
Be.tra, Raymond R. Esq  
2122 S.W. 67 Ave  
Miami, FL 33155

10. Name and Address of New Registered Agent  
81 Name Allen Drozd  
82 Street Address (P.O. Box Number is Not Acceptable)  
7274 Poinciana Court  
83  
84 City Miami Lakes, FL 85 Zip Code 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Allen Drozd, President DATE 4/26/1999  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE PD ☒ DELETE  
NAME Mikkel Bock C  
STREET ADDRESS 1800 NE 114 St. #1104  
CITY-ST-ZIP North Miami, FL 33181  
TITLE VP ☒ DELETE  
NAME Rita Deutschberger  
STREET ADDRESS 1048 NE 99 Street  
CITY-ST-ZIP Miami Shores, FL 33181  
TITLE STD ☐ DELETE  
NAME Allen Drozd  
STREET ADDRESS 7274 Poinciana Court  
CITY-ST-ZIP Miami Lakes, FL 33014  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME PD ST  
3.3 STREET ADDRESS Allen Drozd  
7274 Poinciana Court  
3.4 CITY-ST-ZIP Miami Lakes, FL 33014  
4.1 TITLE DV ☐ Change ☒ Addition  
4.2 NAME Kim L. Drozd  
4.3 STREET ADDRESS 7274 Poinciana Court  
4.4 CITY-ST-ZIP Miami Lakes, FL 33014  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: Allen Drozd, President DATE 4/26/1999 (305) 785-5411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)