

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000054402**1. Entity Name  
**SOUTH FLORIDA MEDICAL MANAGEMENT, INC.**Principal Place of Business  
7274 POINCIANA CT.  
MIAMI LAKES FL 33014 USMailing Address  
7274 POINCIANA CT.  
MIAMI LAKES FL 33014 US2. Principal Place of Business  
900 WEST 49TH STREET3. Mailing Address  
900 WEST 49TH STREETSuite, Apt. #, etc.  
SUITE # 430Suite, Apt. #, etc.  
SUITE # 430City & State  
HIALEAH FLCity & State  
HIALEAH FLZip Country  
33012 USZip Country  
33012 US4. FEI Number  
**65-0804516**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****DROZD ALLEN**  
7274 POINCIANA COURT**MIAMI** FL  
33014 US**7. Name and Address of New Registered Agent**Name  
**DROZD ALLEN**Street Address (P.O. Box Number is Not Acceptable)  
**900 WEST 49TH STREET**

SUITE # 430

City FL Zip Code  
**HIALEAH 33012**

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 **ALLEN DROZD****09/10/2001**

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**TITLE DV ☒ Delete  
NAME **DROZD KIM L**  
STREET ADDRESS 7274 POINCIANA COURT  
CITY-ST-ZIP MIAMI FL 33014TITLE PSTD ☐ Delete  
NAME **DROZD ALLEN**  
STREET ADDRESS 7274 POINCIANA CT  
CITY-ST-ZIP MIAMI LAKES FL 33014TITLE ☐ 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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PSTD ☒ Change ☐ Addition  
NAME **DROZD ALLEN**  
STREET ADDRESS 900 WEST 49TH STREET, SUITE # 430  
CITY-ST-ZIP HIALEAH FL 33012TITLE ☐ 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: Allen Drozd**

P

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)