FILED May 24, 2002 8:00 am Secretary of State

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9700054402 1. Entity Name South Plorish medical management, Inc. L			05-24-2002 91327 001 ****150.00
DO NOT WRITE		ACE	
2. Principal Place of Business 3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State City & State City & State			4. FEJ Number Applied For Not Applied For Not Applicable
Zip Country (25 A	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
		Name	7. Name and Address of Current Registered Agent
DO NOT W	RITE		ddress (B.O. Box Number is Not Acceptable)
IN THIS SE		900	W. 49th Street
		City L	to late FL 2020/2
The above named entity submits this statement for	or the purpose of changing its i	registered office or re	osoro
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalting) DATE			
0. This connection is climible to satisfy its Intensible (2.5. January 1. May 1 Fee is \$150.00			
"Max filing requirement and elects to do so. (See criteria on back)	Arter may	1, Fee is \$550.00 UBR is \$61.25 le to Department o	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS AND TITLE P.D. Allen DOOTS	DIRECTORS	TITLE	
NAME ONO WOCH WATER	street, side 430	NAME	
city-st-zip Hialah BC. 3	3012	STREET ADDRESS CITY+ST-ZIP	E Company of the Comp
TITLE NAME		TITLE NAME:	ADJECT OF THE PROPERTY OF THE
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY ST-ZIP	
TITLE NAME -	معادي المتني الإسهادين المسايد	TITLE	and the state of t
STREET ADDRESS : CITY-ST-ZIP		STREET, ADDRESS: CITY: ST-ZIP	DO NOT WRITE
TITLE NAME	•	TITLE:	IN THIS SPACE
STREET ADDRESS CITY- ST-ZIP		STREET ADDRESS:	
TITLE NAME		-TITLE	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
THE		тпъс ,	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY ST-ZIP	
13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE DOOL 3/3/200 (3/5/57 -2000) Date Doyling Phone /			