

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

05-24-2002 91327 001 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000054402**

1. Entity Name **South Florida medical management, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 W. 49th Street

3. Mailing Address

Suite, Apt. #, etc.
430

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, FL

City & State

4. FEI Number
65-0804516

Applied For
Not Applicable

Zip
33012

Country
USA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Allen Droid**

Street Address (P.O. Box Number is Not Acceptable)
900 W. 49th Street

Suite 430

City **Hialeah**

FL

Zip Code
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

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **P.D.**
NAME **Allen Droid**
STREET ADDRESS **900 West 49th Street, Suite 430**
CITY-ST-ZIP **Hialeah, FL 33012**

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SIGNATURE:  **Allen Droid**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/2002 **(305) 557-2000**
Date Daytime Phone #

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)