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

FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90117 024 ***150.00

DOCUMENT # P 970000 5 4407



South Florida Medical Management, Inc.			4400000		
- BO NOT WRITE	E IN THIS SPA	GE .	11028827		
Principal Place of Business 15290 NW 60th Avenue	3. Mailing Address 15290 NW 60th Avenu	16			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State	4. 1	FEI Number	Applied	For
Miami Lakes, FL. Zip Country	Miami Lakes, FL.	untry _	65-080-4516	Not App	
33014 USA	33014 US	A 5. (Certificate of Status Desired	Fee Required	
经股份的股份的	7. Name and Address of Current Registered Agent Name Allen Drozd				
DO NOT W	DO NOT WPITE		P.O. Box Number is Not Acceptable)		
IN THIS SE	.5000	FOOD ANALOGUE A			
		15290 NW 60th		Zip Code	
8. The above named entity submits this statement in	or the purpose of changing its register	Wilaini Lakes		Г► 33014	ccept
the obligations of registered agent.	or the purpose of changing its registe	ared office of registered agr	ent, or bour, in the state of Florida. I	am jamiljar With, and ac	Cept
SIGNATURE	Allen D			1/2003	
Sonature, typed or prifted name of registered agent January 1: May 18 Fee is \$150.00	t and trile if applicable. (NOTE: Registe	red Agent signature required when re		ATE	
After May 1; Fee is \$550 00 Amended UBR is \$61.25			 Election Campaign Financing Trust Fund Contribution. 	5.00 May Added to Fe	
Make Check Payable to Florida Department o 10. OFFICERS AND	The second secon	en parata i parata p		e a central per per a como de la como	10-80-9
TITLE PSTD	i in	iti ya kata ka			(S
NAME STREET ADDRESS Allen Drozd		ME			B (12
15290 NW 60th Ave. Miami Lakes, FL. 33014		TX: \$1,200 H.F.			CR2E034B (12/02)
TITLE NAME *		IE ME			CR2
STREET ADDRESS	D ST	REET ADDRESS # 1 # 1 # 1 # 1			
CITY-ST-ZIP TITLE		YESTEZP.Z	edio di Periode Pariode III de Ballet. La Periode de Pariode La Pariode Pariod	Berner (der State) Deutscher Großerstung	i dini Ngan
NAME		ME 1	新生产的产品		
STREET ADDRESS } CITY-ST-ZIP	I S.I. I Ch	REET ADORESS Y STEZIP	DO NOT WRITE		
TITLE		CENTRAL PART UNITED AND	IN THIS SP		
NAME STREET ADDRESS (MC+ *** REET ADDRESS ***			
CITY-S1-ZIP		Y-ST-ZP	Digitalia Coloradan		
TITLE NAME		ie Me			
STREET ADDRESS	571	ARET ADDRESS # ### Y-ST-2IP			
CITY-ST-ZIP	Total Control	resianz	alian ya ka ka ka ka a ka ka ka ka ka ka ka ka		
NAME	NA En	ME Paul Paul Paul Paul Paul Paul Paul Paul			
STREET ADDRESS CITY-ST-ZIP	#STF	RET ADDRESS 1 1 1 1 1 1 1 1 1			
I hereby certify that the information supplied with indicated on this report or supplemental report is.	this filing does not qualify for the exist true and accurate and that my signs	emption stated in Section 1 ature shall have the same lo	egal effect as if made under oath; th	at I am an officer or dire	ector
of the corporation or the receiver or trustee and attachment with an address, with all other like er	powered to execute this report as re-	quired by Chapter 607, Flor	rida Statutes; and that my name ap	pears in Block 10 or on	an
SIGNATURE:	→ Allen D	Prozd, President	2/1/2003	305-820-1361	
SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR DIREC	TOR	Date	Daytime Phone #	-