

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90033 035 ***150.00

DOCUMENT # **P97000076782**

1. Entity Name
SMETZALEZ MEDICAL MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3506 TORREMOLINOS AVE MIAMI FL 33178-2959	Mailing Address 3506 TORREMOLINOS AVE MIAMI FL 33178-2959
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2. Principal Place of Business 2295 NORTH UNIVERSITY DRIVE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 840638 Suite, Apt. #, etc.
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City & State PEMBROKE PINES, FL	City & State HOLLYWOOD, FL
Zip 33024	Zip 33084
Country	Country

4. FEI Number 65-0785614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMETS, MICHAEL
3506 TORREMOLINOS AVE
MIAMI FL 33178-2959

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SNETS, MICHAEL 3506 TORREMOLINOS AVE MIAMI FL 33178-2959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete GONZALEZ-PENA, MANUEL 6101 SW 183 WAY FT LAUDERDALE FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SMETS, MICHAEL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael August Smets, MD., President 4/21/00 954-983-1969
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE Internal Medicine Date Daytime Phone #

CR2E034 (9/99)