

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90875 020 \*\*\*150.00

DOCUMENT # P97000076782

1. Entity Name

Smetzalez Medical Management, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2295 North University Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 840638

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

Hollywood, FL

4. FEI Number

65-0785614

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael A. Smets

Street Address (P.O. Box Number is Not Acceptable)

3506 Torremolinos Avenue

City

Miami

FL

Zip Code

33178

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.

**Michael August Smets, M.D.**  
**Internal Medicine**

**President**

**4/28/02**

(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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	Smets, Michael	3506 Torremolinos Avenue	Miami, FL 33178
V	Gonzalez-Pena, Manuel	6101 SW 183 Way	Ft. Lauderdale, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael August Smets, M.D.**  
**Internal Medicine**

**President**

**4/28/02**

Date

Daytime Phone #

CR2E034B (12/01)