


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90260 029 \*\*\*150.00

DOCUMENT # P97000076782							
1. Entity Name SMETZALEZ MEDICAL MANAGEMENT, INC.							
Principal Place of Business 2295 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024			Mailing Address P.O. BOX 840638 HOLLYWOOD, FL 33084				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0785614			
Zip	Country	Zip	Country	Applied For Not Applicable			
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SMETS, MICHAEL		NAME				
STREET ADDRESS	3506 TORREMOLINOS AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 331782959		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GONZALEZ-PENA, MANUEL		NAME				
STREET ADDRESS	6101 SW 183 WAY		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33331		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____		Michael August Smets, M.D.		4/26/04 954-973-1969			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			