
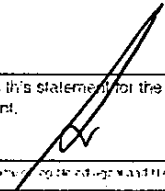
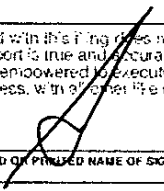


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90050 027 ***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 | | |
| Zip | | Country | Zip | | Country |
| 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) 3736 SARATOGA LN City DAVIE FL Zip Code 33328 | |
| 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  | | Michael A. Smets | | 1-21-05 | |
| Special Agent in Charge of the Department of Banking and Finance | | State Registered Agent (signature required and must be dated) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 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 checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SMETS, MICHAEL | | NAME | | |
| STREET ADDRESS | 3506 TORREMOLINOS AVE | | STREET ADDRESS | 3736 SARATOGA LN | |
| CITY- ST- ZIP | MIAMI, FL 331782959 | | CITY- ST- ZIP | DAVIE FL 33328 | |
| 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)(C), 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 fee empowered. | | | | | |
| SIGNATURE:  | | Michael A. Smets | | 1-21-05 954-983-1969 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |