2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000076782

1. Entity Name
SMETZALEZ MEDICAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2295 NORTH UNIVERSITY DRIVE	P.O. BOX 840638
PEMBROKE PINES, FL 33024	HOLLYWOOD, FL 33084

DO NOT WRITE IN THIS SPACE

01122007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0785614	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMETS, MICHAEL
3736 SARATOGA LN
DAVIE, FL 33328

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2007 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000587399 01/17/07-80032-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SMETS, MICHAEL
STREET ADDRESS	3736 SARATOGA LN
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	V
NAME	GONZALEZ-PENA, MANUEL
STREET ADDRESS	6101 SW 183 WAY
CITY-ST-ZIP	FT LAUDERDALE, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 A. Smets, MD 1/12/07 954-893-7654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #