


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0785614**

Applied For  
 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**

**DO NOT WRITE IN THIS SPACE**

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

**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	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this report 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** **954-873-7624**

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