

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 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**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SMETS, MICHAEL
3736 SARATOGA LN
DAVIE, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GONZALEZ-PENA, MANUEL
6101 SW 183 WAY
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

U00000798223
01/30/08-80019-015 150.00

**DO NOT WRITE
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 August Smets, MD.
Internal Medicine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

Date

954-483-1969

Daytime Phone #