

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000076782

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** SMETZALEZ MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

2295 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 840638  
HOLLYWOOD, FL 33084

**New Mailing Address:**

**FEI Number:** 65-0785614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMETS, MICHAEL  
3736 SARATOGA LN  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

SMETS, MICHAEL A  
3736 SARATOGA LN  
DAVIE, FL 33328 US

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.

SIGNATURE: MICHAEL A. SMETS

01/05/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMETS, MICHAEL A  
Address: 3736 SARATOGA LN  
City-St-Zip: DAVIE, FL 33328

Title: V  
Name: GONZALEZ-PENA, MANUEL D  
Address: 6101 SW 183 WAY  
City-St-Zip: FT LAUDERDALE, FL 33331

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A. SMETS

P

01/05/2010

Electronic Signature of Signing Officer or Director

Date