

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000108528

1. Entity Name
B.S. MEDICAL MANAGEMENT, INC.



Principal Place of Business

**% NORTHSIDE COMM MEDICAL CTR INC
7900 N.W. 27TH AVE. STE. 298
MIAMI, FL 33147**

Mailing Address

**% NORTHSIDE COMM MEDICAL CTR INC
7900 N.W. 27TH AVE. STE. 298
MIAMI, FL 33147**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0806271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KURZWEIL, HOWARD E
328 MINORCA AVE. 2ND FLOOR
CORAL GABLES, FL 33134**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000213736
02/03/05 00002 020 450.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
KURZWEIL, HOWARD E
328 MINORCA AVENUE 2ND FLOOR
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GURR, MARY E
12765 SW 34 PL
DAVIE, FL 33330**

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Ellen Gurr

1/28/05

9547820010