2003 FOR PROFIT CORPORATION

UN	IFORM BUSINES	SS REPOI	RT (UBF	R)	Apr 28, 2003 8:00 am
DOCUMENT # P98000020929 1. Entity Name				Secretary of State 04-28-2003 91344 028 ***150.00	
NATIONWIDE MEDICAL MANAGEMENT SERVICES, INC.				0120200391311020 130.00	
Principal Place of Business Mailing Address 2175 NORTHEAST 120TH STREET 2175 NORTHEAST 1. NORTH MIAMI FL 33181 NORTH MIAMI FL 33					
2. Principal Place of Business 19620 PINES BLVD 3. Mailing Address 19620 PIN			IES BLVO	•	
Suite, Apt. <i>S</i> リイ	#, etc. E 114	Suite, Apt. #, etc. SUITE 114			CHECK HERE IF MAKING CHANGES
ACity & Stat	OKE PINES FL	City & State PEMBROKE		FL	4. FEI Number 65-0817254 Applied For Not Applicable
3302		Zip 33029	Country	یی ا	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent			7. Name and Address of New Registered Agent
LANEVE, RON				N LANEYE	
2175 NE 120 STREET				2 Box Number is Not Acceptable)	
NOTE A STATE OF THE PROPERTY O				te 114	
City O				DOKE PINES FL Zip Code 33029	
the obligated SIGNATURE F After	Signature, typed or printed name of registered agent and ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	title if applicable. (No	DTE: Registered Agent sign		when reinstating) 9. Election Campaign Financing Trust Fund Contribution. 1 am familiar with, and accept 1/23/2003 DATE 9. Election Campaign Financing Added to Fees
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANEVE, RON 2175 NORTHEAST 120TH STREET NORTH MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1962	V LANEVE 20 PINES BLYD STE 114 BLOKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANEVE, MICHELLE 2175 NORTHEAST 120TH STREET NORTH MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		HELLE LANEVE LO PINES BLVD STE 114 BROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition

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 of the receiver or trustee empowered to execute his 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 appearing the empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

☐ Addition