

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90354 003 ***150.00

DOCUMENT # P98000052641

1. Entity Name

ORION.MEDICAL MANAGEMENT, INC.



Principal Place of Business
511 WEST BAY STREET SUITE 301
TAMPA FL 33606

Mailing Address
511 WEST BAY STREET SUITE 301
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3518136**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STENZLER, STEPHEN
511 WEST BAY STREET SUITE 301
TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STENZLER, STEPHEN A
STREET ADDRESS 511 WEST BAY STREET SUITE 301
CITY-ST-ZIP TAMPA FL 33606

TITLE V/D ☐ Change ☒ Addition
NAME CHHEDA, HEMANT D.
STREET ADDRESS 511 W BAY STREET, SUITE 301
CITY-ST-ZIP TAMPA FL 33606

TITLE VD ☒ Delete
NAME CATES, JAMES D
STREET ADDRESS 511 WEST BAY STREET SUITE 301
CITY-ST-ZIP TAMPA FL 33606

TITLE S/D ☐ Change ☒ Addition
NAME KUDRYK, BRUCE T.
STREET ADDRESS 511 W BAY STREET, SUITE 301
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☒ Delete
NAME ZWIBEL, BRUCE R
STREET ADDRESS 511 WEST BAY STREET SUITE 301
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Change ☒ Addition
NAME RODRIGUEZ, DOUGLAS
STREET ADDRESS 511 W BAY STREET, SUITE 301
CITY-ST-ZIP TAMPA FL 33606

TITLE SD ☒ Delete
NAME PATEL, BHARAT U
STREET ADDRESS 511 WEST BAY STREET SUITE 301
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Change ☒ Addition
NAME VIGO, PATRICIA
STREET ADDRESS 511 W BAY STREET, SUITE 301
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ Delete
NAME EVANS, AVERY J
STREET ADDRESS 511 WEST BAY STREET SUITE 301
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/28/2003

Date

Daytime Phone #

CR2E034 (10/02)