

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-14-2003 90104 023 ***150.00

DOCUMENT # P98000054802			
1. Entity Name GLOBAL MEDICAL MANAGEMENT ASSOCIATES, INC.			
Principal Place of Business 201 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134		Mailing Address PO BOX 480191 FT LAUDERDALE FL 33348-0191	
2. Principal Place of Business 2727 E. Oakland Park Blvd Suite, Apt. #, etc. Suite 205C City & State Ft. Lauderdale, FL Zip 33306 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAYET, PETER 4051 N OCEAN BLVD #219 FT LAUDERDALE FL 33308			
7. Name and Address of New Registered Agent Name <u>Peter Sayet</u> Street Address (P.O. Box Number is Not Acceptable) <u>2727 E. Oakland Park Boulevard, Ste. 205C</u> City <u>Ft. Lauderdale</u> <u>FL</u> Zip Code <u>33306</u>			
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 <u></u> <u>Peter Sayet</u> DATE <u>04-15-03</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>D</u> NAME <u>SAYET, PETER H</u> STREET ADDRESS <u>201 ALHAMBRA CIRCLE 8TH FLOOR</u> CITY-ST-ZIP <u>CORAL GABLES FL 33134</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.			
SIGNATURE: <u></u> <u>Peter Sayet</u>		Date <u>04-15-03</u> Daytime Phone # <u>954-537-3423</u>	

CR2E034 (10/02)