

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085470

1. Entity Name
PHYSICIANS MANAGEMENT NETWORK, INC.



FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90144 029 ***150.00

Principal Place of Business
13351 SW 131 STREET
MIAMI FL 33186

Mailing Address
PO BOX 14-0002
CORAL GABLES FL 33114-0002



2. Principal Place of Business
701 NW 57 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S-240

City & State
Miami FL

City & State

4. FEI Number 65-0868232

Applied For
Not Applicable

Zip 33126 Country Miami-Dade

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MEDVIN, PHILIP ESQ.
2801 PONCE DE LEON BLVD.
S-370
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BEHAR, VICTOR	
STREET ADDRESS	551 NW 107TH AVE., #201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	CIO	<input type="checkbox"/> Delete
NAME	BLANCO, JOSE JR	
STREET ADDRESS	1592 SW 142 AVE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	COO	<input type="checkbox"/> Delete
NAME	DE LAMAR, EVELYN R	
STREET ADDRESS	611 NW 134TH AVE.	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-03 305-225-2885

CR2E034 (10/02)