

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032930

1. Entity Name
SBK MEDICAL MANAGEMENT, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90021 016 ***550.00

Principal Place of Business

10394 LAREINA ROAD
DELRAY BEACH FL 33446

Mailing Address

10394 LAREINA ROAD
DELRAY BEACH FL 33446

2. Principal Place of Business

3300 University Dr.
Coral Springs, FL

3. Mailing Address

3300 University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0910085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KROST, STUART
10394 LAREINA ROAD
DELRAY BEACH FL 33446

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME KROST, STUART
STREET ADDRESS 10394 LAREINA ROAD
CITY-ST-ZIP DELRAY BEACH FL 33446

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

9/11/00

(561) 945 3122

Date

Daytime Phone #

CR2E034 (5/00)