

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032930

1. Entity Name

SBK MEDICAL MANAGEMENT, INC.

FILED

Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90091 031 \*\*\*150.00

Principal Place of Business

Mailing Address

3300 UNIVERSITY DR  
SUITE 901  
CORAL SPRINGS FL 33065  
US

3300 UNIVERSITY DR  
SUITE 901  
CORAL SPRINGS FL 33065  
US

2. Principal Place of Business

3. Mailing Address

5353 W. Atlantic Ave  
Suite, Apt. #, etc.  
405-A

Same

City & State  
Delray Beach FL

City & State

Zip  
33484

Country  
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

KROST, STUART  
10394 LAREINA ROAD  
DELRAY BEACH FL 33446

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)