

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032930

1. Entity Name

SBK MEDICAL MANAGEMENT, INC.

Principal Place of Business

3300 UNIVERSITY DR
SUITE 901
CORAL SPRINGS FL 33065
US

Mailing Address

3300 UNIVERSITY DR
SUITE 901
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

5353 W. ATLANTIC AVE
Suite, Apt. #, etc.
405-A

3. Mailing Address

5353 W. ATLANTIC AVE
Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Zip Country

Zip 33484

Country USA

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

John Stuart B. Krost

1/11/01

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

John Stuart B. Krost

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

Daytime Phone #

561-495-4544

CR2E034 (10/00)