

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90045 019 \*\*\*150.00

**DOCUMENT # V21538**

1. Entity Name

**MEDICAL CLINIC MANAGEMENT, INC.**



Principal Place of Business

**C/O JACK LEVINE P.A.  
16855 NORTHEAST 2ND AVENUE SUITE 303  
N. MIAMI BEACH FL 33162**

Mailing Address

**C/O JACK LEVINE P.A.  
16855 NORTHEAST 2ND AVENUE SUITE 303  
N. MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0320667**

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

**BERGER, MARK**

**C/O JACK LEVINE P.A.**

**16855 NORTHEAST 2ND AVENUE SUITE 303**

**NORTH MIAMI BEACH FL 33162**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b>	TITLE	
NAME	<b>BERGER, MARK</b>	NAME	
STREET ADDRESS	<b>16855 N.E. 2ND AVE.S-303</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 like empowered.

**SIGNATURE:**

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

Date

Daytime Phone #

CR2E034 (10/02)