

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

V49691

FILED

Jul 17 2000 8:00 am

Secretary of State

MEDICAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1921 Waldemere Street

3. Mailing Address

C/O Sharon A. MacMillan

Suite, Apt. #, etc.

Suite 711

Suite, Apt. #, etc.

103 Tripp Road

City & State

Sarasota, FL

City & State

Ellington, CT

Zip

34239

Country

USA

Zip

06029

Country

USA

REINSTATEMENT

99.00

4. FEI Number

65-0348018

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

Gensmer, Timothy W.
2831 Ringling Blvd.
Suite 202A
Sarasota, FL 34237

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

Timothy W. Gensmer

Timothy W. Gensmer

7-11-00

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, 2000 Fee will be \$500.00

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

TITLE

PRESIDENT

☐ Delete

NAME

Sharon A. MacMillan

STREET ADDRESS

103 Tripp Road

CITY - ST - ZIP

Ellington, CT 06029

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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: *Sharon MacMillan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON MACMILLAN, MD

4/20/00

(860) 875-8883

Date

Daytime Phone #