

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 17 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002388 (4)
 1. Corporation Name
BMJ MEDICAL MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
4800 N. FEDERAL HWY. 104-D BOCA RATON FL 33431 US		4800 N. FEDERAL HWY. 104-D BOCA RATON FL 33431 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	05/13/1996	65-0676079
22 City & State	27 City & State	5. Certificate of Status Desired	Applied For
23 Zip	28 Zip	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	D
NAME	NAGPAL, NARESH MD	1.2 NAME	GEORGES DAOU
STREET ADDRESS	2378 NW 60TH ST.	1.3 STREET ADDRESS	4800 N. FEDERAL HWY., SUITE 101-E
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	S	2.1 TITLE	D
NAME	DAVIS, REINENA	2.2 NAME	STEWART G. EIDELSON, M.D.
STREET ADDRESS	30 ROCKEFELLER PLAZA, 41ST FLOOR	2.3 STREET ADDRESS	4800 N. FEDERAL HWY., SUITE 101-E
CITY-ST-ZIP	NEW YORK NY 10112	2.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	D	3.1 TITLE	
NAME	LAMONT, ANN H	3.2 NAME	
STREET ADDRESS	ONE GORHAM ISLAND	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT 06880	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LOTHROP, DONALD I	4.2 NAME	
STREET ADDRESS	3000 SAND HILL RD., BLDG. #1, SUITE 135	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA 94025	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	VD S
NAME	FATER, DAVID H.	5.2 NAME	FATER DAVID H.
STREET ADDRESS	4800 N. FEDERAL HWY., 104-D	5.3 STREET ADDRESS	4800 N. FEDERAL HWY., 101-E
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	D	6.1 TITLE	
NAME	FOX, JAMES M	6.2 NAME	
STREET ADDRESS	6815 NOBLE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	VAN NUYS CA	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *N. Nagpal - Naresh Nagpal* 1/16/98 561-391-1311

CR2E034 (10/97)