

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

**FILED**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90016 006 \*\*\*600.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000002388**

1. Corporation Name  
**BMJ MEDICAL MANAGEMENT, INC.**



Principal Place of Business 4800 N. FEDERAL HWY. 101-E BOCA RATON FL 33431 US	Mailing Address 4800 N. FEDERAL HWY. 101-E BOCA RATON FL 33431 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/13/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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4. FEI Number <b>65-0676079</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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	
TITLE	<b>PDC</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>NAGPAL, NARESH MD</b>
STREET ADDRESS	<b>4800 N. Federal Hwy., Ste. 101E</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>EIDELSON, STEWART</b>
STREET ADDRESS	<b>4800 N. Fed. Hwy. Ste. 101E</b>
CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LAMONT, ANN H.</b>
STREET ADDRESS	<b>ONE GORHAM ISLAND</b>
CITY-ST-ZIP	<b>WESTPORT CT 06881</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LOTHROP, DONALD J.</b>
STREET ADDRESS	<b>3000 SAND HILL RD BLDG #1 SUITE 135</b>
CITY-ST-ZIP	<b>MENLO PARK CA 94025</b>
TITLE	<b>VDS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FATER, DAVID H.</b>
STREET ADDRESS	<b>4800 N FEDERAL HWY, 101-E</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FOX, JAMES M.</b>
STREET ADDRESS	<b>6815 NOBLE AVE</b>
CITY-ST-ZIP	<b>IVANHYS CA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SWEET, CHARLES E.</b>
1.3 STREET ADDRESS	<b>4800 N. Federal Hwy #101E</b>
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LURIA, NEIL F.</b>
2.3 STREET ADDRESS	<b>4800 N. FEDERAL HWY #101E</b>
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
3.1 TITLE	<b>T.D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>FATER, DAVID H.</b>
3.3 STREET ADDRESS	<b>4800 N. FEDERAL HWY #101E</b>
3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
4.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>NAGPAL, NARESH MD</b>
4.3 STREET ADDRESS	<b>2378 NW 60th St.</b>
4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33496</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date: **1/25/99** Daytime Phone #: **561-390-1311**

CR2E034 (11/98)