

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

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K06453 (0)**

1. Corporation Name  
**EASTERN MEDICAL MANAGEMENT INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7706 SW 8 ST #403 P O BOX 44-2199 MIAMI FL 33144 US	Mailing Address PO BOX 44-2199 MIAMI FL 33244-2199 US
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3. Date Incorporated or Qualified <b>12/11/1987</b>	4. FEI Number <b>65-0049068</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 <b>6915 S. RED ROAD #213</b> Suite, Apt. #, etc. 22 <b>CORAL GABLES</b> City & State 23 <b>FLORIDA</b> Zip 24 <b>33143</b>	2a. Mailing Address 26 <b>6915 S. RED ROAD # 213</b> Suite, Apt. #, etc. 27 <b>CORAL GABLES</b> City & State 28 <b>FLORIDA</b> Zip 29 <b>33143</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**MARTINEZ, ORNAN**  
**920 SW 101 AVENUE**  
**MIAMI FL 33174**

10. Name and Address of New Registered Agent

81 Name  
**MIRTA B. BARCELO**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6915 S. RED ROAD - # 213**

83

84 City  
**CORAL GABLES FL**

85 Zip Code  
**33143**

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 **MIRTA B. BARCELO** DATE **1-8-98**

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MARTINEZ, ORNAN</b>	
STREET ADDRESS <b>920 SW 101ST AVE</b>	
CITY - ST - ZIP <b>MIAMI FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MARTINEZ, MERCEDES</b>	
STREET ADDRESS <b>920 SW 101ST AVE.</b>	
CITY - ST - ZIP <b>MIAMI FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT, SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>MIRTA B. BARCELO</b>	
1.3 STREET ADDRESS <b>6915 S. RED ROAD # 213</b>	
1.4 CITY - ST - ZIP <b>CORAL GABLES, FL 33143</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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)(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: **Mirta B. Barcelo** DATE: **1-8-98** (305) 740-4440

CRCE034 (10/97)