

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90022 001 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K06453

1. Corporation Name
EASTERN MEDICAL MANAGEMENT INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6915 S RED RD #213
CORAL GABLES FL 33143
US

Mailing Address
6915 S RED RD #213
CORAL GABLES FL 33143
US

3. Date Incorporated or Qualified
12/11/1987

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0049068

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country
24 25

Zip Country
29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
BARCELO, MIRTA B
6915 S RED RD #213
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent
81 Name
HERNANDEZ, ALEXIS R.
82 Street Address (P.O. Box Number is Not Acceptable)
6915 S. RED ROAD
83
STE 213 A
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 *[Signature]* ALEXIS R. HERNANDEZ. 4-28-99
Signature, typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PS <input checked="" type="checkbox"/> DELETE |
| NAME | BARCELO, MIRTA B |
| STREET ADDRESS | 6915 S RED RD #213 |
| CITY-ST-ZIP | CORAL GABLES FL 33143 |
| 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 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | HERNANDEZ, ALEXIS R. |
| 1.3 STREET ADDRESS | 6915 S. RED ROAD, STE 213. |
| 1.4 CITY-ST-ZIP | CORAL GABLES, FL 33143 |
| 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED HERNANDEZ 4-28-99 305-740-4440
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)