AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT 26 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006366

DOCUMENT # N96000005806 (2)

1. Corporation Name

THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4890 W KENNEDY BLVD SUITE 200 TAMPA FL 33609	4890 W KENNEDY BLVD SUITE 200 TAMPA FL 33609

3. Date Incorporated or Qualified: 11/08/1996

4. FEI Number: 31-1487805 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHENKE, ROGER S
4890 W KENNEDY BLVD
SUITE 200
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	S/T D	☐ Change ☒ Addition
NAME	DOYNE, MARK MD		1.2 NAME	Brig Gen Leonard M. Randolph, Jr	
STREET ADDRESS	6300 W. PARKER DRIVE		1.3 STREET ADDRESS	HQ AMC/SG	
CITY-ST-ZIP	PLANO TX 75229		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	203 West Losey St. #1180	☐ Change ☐ Addition
NAME	LETOURNEAU, BARBARA MD		2.2 NAME		
STREET ADDRESS	1305 PINEHURST AVE		2.3 STREET ADDRESS	Scott AFB, IL 62225-5219	
CITY-ST-ZIP	ST PAUL MN 55116		2.4 CITY-ST-ZIP		
TITLE	~~SVD President~~ Chair	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENSON, DALE MD		3.2 NAME	200002574872--1	
STREET ADDRESS	1701 NORTH SENATE BLVD		3.3 STREET ADDRESS	-10/28/98--01083--024	
CITY-ST-ZIP	INDIANAPOLIS IN 46202		3.4 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE	EVD	☐ DELETE	4.1 TITLE	Vice Chair D	☐ Change ☒ Addition
NAME	SCHENKE, ROGER S		4.2 NAME	John M. Ludden, MD	
STREET ADDRESS	4890 W. KENNEDY BLVD., STE 200		4.3 STREET ADDRESS	Harvard Pilgrim Healthcare	
CITY-ST-ZIP	TAMPA FL 33609		4.4 CITY-ST-ZIP	10 Brookline Place West	
TITLE		☐ DELETE	5.1 TITLE	Brookline, MA 02146	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] **REQUIRED** 9/8/98 813-287-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #