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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000005806

1. Corporation Name
THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.

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

Mailing Address
 4890 W KENNEDY BLVD
 SUITE 200
 TAMPA FL 33609



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-1487805	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHENKE, ROGER S 4890 W KENNEDY BLVD SUITE 200 TAMPA FL 33609				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RANDOLPH, LEONARD BD		1.2 NAME				
STREET ADDRESS	203 WEST LOSEY ST., #1180		1.3 STREET ADDRESS				
CITY-ST-ZIP	SCOT AFB IL 62225-5219		1.4 CITY-ST-ZIP				
TITLE	C	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BENSON, DALE MD		2.2 NAME				
STREET ADDRESS	1701 NORTH SENATE BLVD		2.3 STREET ADDRESS				
CITY-ST-ZIP	INDIANAPOLIS IN 46202		2.4 CITY-ST-ZIP				
TITLE	ECD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SCHENKE, ROGER S		3.2 NAME				
STREET ADDRESS	4890 W. KENNEDY BLVD., STE 200		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33609		3.4 CITY-ST-ZIP				
TITLE	VCD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LUDDEN, JOHN M MD		4.2 NAME				
STREET ADDRESS	10 BROOKLINE PLACE WEST		4.3 STREET ADDRESS				
CITY-ST-ZIP	BROOKLINE MA 02146		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 617, 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* Roger S. Schenke 2/8/99 813 287-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)