

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90173 030 ****61.25

DOCUMENT # N96000005806

1. Entity Name

THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT,

B0008571



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4890 W KENNEDY BLVD **4890 W KENNEDY BLVD**
SUITE 200 **SUITE 200**
TAMPA FL 33609 **TAMPA FL 33609-1870**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
31-1487805 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RANDOLPH, LEONARD BD 203 WEST LOSEY ST., #1180 SCOT AFB IL 62225-5219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BENSON, DALE MD 1701 NORTH SENATE BLVD INDIANAPOLIS IN 46202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECD SCHENKE, ROGER S 4890 W. KENNEDY BLVD., STE 200 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LUDDEN, JOHN M MD 10 BROOKLINE PLACE WEST BROOKLINE MA 02146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Randolf, Leonard MD 203 West Losey St., #1180 Scot AFB, IL 62225-5219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Ludden, John m MD 10 Brookline Place West Brookline, MA 02146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Hickey, martin MD 1501 Eagle Ridge Dr. NE Albuquerque, NM 87108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: 1/11/00 Daytime Phone #: 813 287-2000

CR2E037 (9/99)