

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 02, 2001 8:00 am
Secretary of State

02-01-2001 90074 027 ****61.25

DOCUMENT # N96000005806

1. Entity Name

THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT,

Principal Place of Business 4890 W KENNEDY BLVD SUITE 200 TAMPA FL 33609	Mailing Address 4890 W KENNEDY BLVD SUITE 200 TAMPA FL 33609
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1487805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHENKE, ROGER S 4890 W KENNEDY BLVD SUITE 200 TAMPA FL 33609	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD RANDOLPH, LEONARD BD 203 WEST LOSEY ST., #1180 SCOT AFB IL 62225-5219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Mr. Gen Leonard Randolph Jr, Dep Surgeon Gen Hdqt, USAF 110 WALK AVE, Ste 600 Bolling AFB, DC 20332-7050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Dr. James Casanova Assoc Dean Medical College of WI Pys. Clinics 1390 Marshall Dr. Brookville, WI 53045-5020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTIN, HICKEY MD 1531 EAGLE RIDGE DR NE ALBUQUERQUE NM 87108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Dr. Martin Hickey Kovelau Hlth Syst, 5400 Gibson Blvd SE Albuquerque, NM 87108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. James Casanova 4890 W. Kennedy Blvd, Ste 200 Tampa, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Roger S. Schenke **REQUIRED** 1/23/01 813-630-2800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)