

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005806

FILED
Mar 17, 2004
Secretary of State

Entity Name: THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

4890 W KENNEDY BLVD
SUITE 200
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4890 W KENNEDY BLVD
SUITE 200
TAMPA, FL 33609

New Mailing Address:

FEI Number: 31-1487805 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ECD () Delete
Name: SCHENKE, ROGER S
Address: 4890 W. KENNEDY BLVD., STE 200
City-St-Zip: TAMPA, FL 33609

Title: VCD () Delete
Name: CASANOVA, JAMES DR
Address: MEDICAL COLLIER OF WI PKY CLINICS
City-St-Zip: BROOKFIELD, WI 530455020

Title: CD () Delete
Name: HICKY, D. MARTIN
Address: LOVELACE NLTH SYS. 5400 GIBSON BLVD SE
City-St-Zip: ALBUQUERQUE, NM 87108

Title: STD () Delete
Name: RANSOM, SCOTT B
Address: WAYNE STATE UNIV SCHOOL OF MED
City-St-Zip: DETROIT, MI 48301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EVP (X) Change () Addition
Name: SCHENKE, ROGER S
Address: 4890 W. KENNEDY BLVD., STE 200
City-St-Zip: TAMPA, FL 33609

Title: P (X) Change () Addition
Name: RANSOM, SCOTT B DR
Address: UNIVERSITY OF MICHIGAN
City-St-Zip: ANN ARBOR, MI 48109

Title: VP (X) Change () Addition
Name: KOLB, MARVIN O DR
Address: KERN MEDICAL CENTER
City-St-Zip: BAKERSFIELD, CA 93305

Title: S/T (X) Change () Addition
Name: SILBAUGH, BARRY R DR
Address: CATHOLIC HEALTH INITIATIVES
City-St-Zip: ALBUQUERQUE, NM 87191

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER S. SCHENKE

EVP

03/17/2004

Electronic Signature of Signing Officer or Director

Date