

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005806

FILED  
Apr 13, 2006  
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: EVP ( ) Delete  
Name: SCHENKE, ROGER S  
Address: 4890 W. KENNEDY BLVD., STE 200  
City-St-Zip: TAMPA, FL 33609

Title: S/T ( ) Delete  
Name: NUNN, CHALMERS M DR  
Address: CENTRA HEALTH  
City-St-Zip: LYNCHBURG, VA 24503

Title: P ( ) Delete  
Name: KOLB, MARVIN O DR  
Address: KERN MEDICAL CENTER  
City-St-Zip: BAKERSFIELD, CA 93305

Title: VP ( ) Delete  
Name: SILBAUGH, BARRY R DR  
Address: CATHOLIC HEALTH INITIATIVES  
City-St-Zip: ALBUQUERQUE, NM 87191

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: NUNN, CHALMERS M DR  
Address: GASTROENTEROLOGY ASSOCIATES OF CENTRAL VA  
City-St-Zip: LYNCHBURG, VA 24503

Title: P (X) Change ( ) Addition  
Name: SILBAUGH, BARRY DR  
Address: 51 PINON HEIGHTS RD  
City-St-Zip: SANDIA PARK, NM 87047

Title: S/T (X) Change ( ) Addition  
Name: SCHOENBAUM, STEPHEN DR  
Address: THE COMMONWEALTH FUND  
City-St-Zip: NEW YORK, NY 24503

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date