2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P40317

1. Entity Name
GLOBAL MEDICAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7901 S.W. 36TH ST SUITE 100 DAVIE, FL 33328	7901 SW 36TH ST. SUITE 100 DAVIE, FL 33328 US

DO NOT WRITE IN THIS SPACE

01192005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
75-2436905	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARTIN
3800 GALT OCEAN MILE #905
FT. LAUDERDALE, FL 33308

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____ DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

01/28/05-80094-022 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DCS
NAME	HEUSINKVELD, ROBERT T.
STREET ADDRESS	14673 MIDWAY RD. #220
CITY-ST-ZIP	DALLAS, TX
TITLE	DP
NAME	SMITH, MARTIN B., JR.
STREET ADDRESS	3800 GALT OCEAN MILE #905
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	T
NAME	HEUSINKVELD, ROBERT T.
STREET ADDRESS	14673 MIDWAY RD. #220
CITY-ST-ZIP	DALLAS, TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #