

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

APR 21 1995
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000035985 (9)**

UNITED MEDICAL MANAGEMENT, INC.

Principal Place of Business: **927 45TH ST. WEST PALM BEACH FL 33407 US**
 Mailing Address: **901 45TH ST WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE

3. Date the corporation was formed 05/19/1993		3a. Date of Last Report 05/01/1994	
2. Change of Name (Indicate)	2a. Change of Name	4. FFI Number 65-0411265	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
21	26		
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	29	30	8. This corporation has liability for estate tax under S. 1994(a)? Florida Estates <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent WATTS, HOWARD W. 901 45TH ST WEST PALM BEACH FL 33407		10. Name and Address of New Registered Agent	
		81. Name Valerie Goodwin Larcombe	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City FL	85. Zip Code

11. I, the undersigned, as the president of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both or the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation.

SIGNATURE: *Valerie Goodwin Larcombe* *Michael French* **4/28/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND COLLECTION AGENTS	
1. NAME WATTS, HOWARD W. 901 45TH ST WEST PALM BEACH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME PD Michael French	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME D MUDANO, MARIO 901 45TH ST WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2. NAME Martin Murphy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME D MILLER, WENTZ J 901 45TH ST WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3. NAME Felicia Turnley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME D BROADWAY, ROBERT L 927 45TH ST SUITE 200 WEST PALM BEACH FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME D BROWN, JULIA D 901 45TH ST WEST PALM BEACH FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and is true and ready for the corporation stated in law for Florida Estates. I further certify that the information required on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I understand the consequences of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the report as the registered agent.

SIGNATURE: *Michael French* **4/28/95 (407) 650-6204**