

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000035985 (9)**  
 1. Corporation Name  
**UNITED MEDICAL MANAGEMENT, INC.**



Principal Place of Business <b>927 45TH ST.                  WEST PALM BEACH FL 33407                  US</b>	Mailing Address <b>1309 NORTH FLAGLER DR.                  WEST PALM BEACH FL 33401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/19/1993</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0411265</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LARCOMBE, VALERIE                  1309 NORTH FLAGLER DR.                  WEST PALM BEACH FL 33401</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUTCHER, PHILLIP</b>	1.2 NAME	
STREET ADDRESS	<b>1309 NORTH FLAGLER DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, RICHARD</b>	2.2 NAME	<b>Richard Johnson</b>
STREET ADDRESS	<b>1309 NORTH FLAGLER DR.</b>	2.3 STREET ADDRESS	<b>1309 No. Flagler Drive</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARCOMBE, VALERIE</b>	3.2 NAME	
STREET ADDRESS	<b>1309 NORTH FLAGLER DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NASK, FRANK</b>	4.2 NAME	
STREET ADDRESS	<b>1309 NORTH FLAGLER DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Frederick Adler</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1309 No. Flagler Drive</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>700002515787</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>-05/07/98--01096--005</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>***1843.75</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)