

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

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morsham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000047001 (8)**  
 1. Corporation Name  
**EASTERN MEDICAL MANAGEMENT GROUP INC.**



Principal Place of Business <b>2420 JERNIGAN RD FT PIERCE FL 34945</b>	Mailing Address <b>2420 JERNIGAN RD FT PIERCE FL 34945-2217</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>05/28/1996</b>	3a. Date of Last Report
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>65-0666590</b>	Applied For Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**RAVANI, GEORGE**  
**2420 JERNIGAN RD**  
**FT PIERCE FL 34945**

**10. Name and Address of New Registered Agent**

**81 Name** **MAURY C. DODSON**  
**82 Street Address (P.O. Box Number is Not Acceptable)** **2057 So. US-1**  
**83**  
**84 City** **FT. PIERCE** **FL** **85 Zip Code** **34950**

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 *Maury C. Dodson* (NOTE: Registered Agent signature required when reinstating) DATE **3/17/97**

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	<b>PRESIDENT, George RAVANI</b>
STREET ADDRESS	<b>2057 So. US-1</b>
CITY-ST-ZIP	<b>FT. PIERCE, FL. 34950</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1B NAME	
1C STREET ADDRESS	
1D CITY-ST-ZIP	
2A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2B NAME	
2C STREET ADDRESS	
2D CITY-ST-ZIP	
3A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3B NAME	
3C STREET ADDRESS	
3D CITY-ST-ZIP	
4A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4B NAME	
4C STREET ADDRESS	
4D CITY-ST-ZIP	
5A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5B NAME	
5C STREET ADDRESS	
5D CITY-ST-ZIP	
6A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6B NAME	
6C STREET ADDRESS	
6D CITY-ST-ZIP	

14. I do 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: *[Signature]*

CR2E034 (9/96)