Entity Name: THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

400 NORTH ASHLEY DRIVE SUITE 400 TAMPA, FL 33602

Current Mailing Address:

400 NORTH ASHLEY DRIVE SUITE 400 TAMPA, FL 33602

DOCUMENT# N9600005806

FEI Number: 31-1487805

Name and Address of Current Registered Agent:

ANGOOD, PETER B MD 400 NORTH ASHLEY DRIVE SUITE 400 TAMPA, FL 33602 US Certificate of Status Desired: No

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	E PETER B ANGOOD MD			04/28/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	CEO, PRESIDENT	Title	CHAIRMAN	
Name	ANGOOD, PETER B MD	Name	HODGE, ROBERT MD	
Address	400 NORTH ASHLEY DRIVE SUITE 400	Address	400 NORTH ASHLEY DRIVE SUITE 400	
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602	
Title	DIRECTOR, VICE CHAIR	Title	SECRETARY, TREASURER	
Name	LACE, DANIEL MD	Name	BRACKMAN, ROSEMARY	
Address	400 NORTH ASHLEY DRIVE SUITE 400	Address	400 NORTH ASHLEY DRIVE SUITE 400	
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602	
Title	DIRECTOR	Title	DIRECTOR	
Name	CASPERSON, WILLIAM MD	Name	ASMAR, HODA MD	
Address	400 NORTH ASHLEY DRIVE SUITE 400	Address	400 NORTH ASHLEY DRIVE SUITE 400	
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602	

I hereby 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 all other like empowered.

SIGNATURE: PETER ANGOOD

PRESIDENT/CEO

Electronic Signature of Signing Officer/Director Detail