

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:42

DOCUMENT # 546423 (5)

1. Corporation Name

MEDICAL MANAGEMENT OF FORT WAYNE, INC.

Principal Place of Business

3990 SHERIDAN ST
SUITE 212
HOLLYWOOD FL 33021

Mailing Address

3990 SHERIDAN ST
SUITE 212
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/09/1977

3a. Date of Last Report
01/19/1994

4. FEI Number
59-1773737

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 4401 Sheridan St.

2a. Mailing Address

26 4401 Sheridan St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #105

27 #105

City & State

City & State

23 Hollywood, FL

28 Hollywood, FL

Zip Country

Zip Country

24 33021

25 USA

29 33021

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YACHNOWITZ, STUART
3990 SHERIDAN ST
SUITE 212
HOLLYWOOD FL 33021

81 Name

Mark London

82 Street Address (P.O. Box Number is Not Acceptable)

4030-C Sheridan St.

84 City

Hollywood

FL

85 Zip Code

33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, 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 Statute.

SIGNATURE

[Signature]

(Print: Registered Agent signature required when reappointing)

Mark S. London 1-19-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	YACHNOWITZ, STUART
STREET ADDRESS	3990 SHERIDAN ST #212
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	STD
NAME	YACHNOWITZ, JOSEPH
STREET ADDRESS	3990 SHERIDAN ST #212
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	V
NAME	HILL, SUSAN
STREET ADDRESS	3990 SHERIDAN ST #212
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Yachnowitz, Stuart	
1.3 STREET ADDRESS	4401 Sheridan St. #105	
1.4 CITY-ST-ZIP	Hollywood, FL 33021	
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	Yachnowitz, Joseph	
2.3 STREET ADDRESS	4401 Sheridan St. #105	
2.4 CITY-ST-ZIP	Hollywood, FL 33021	
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	Hill, Susan	
3.3 STREET ADDRESS	4401 Sheridan St. #105	
3.4 CITY-ST-ZIP	Hollywood, FL 33021	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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]

Stuart Yachnowitz 1-19-95 (05) 987-1604

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Signature Printed