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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:43

DOCUMENT # 551337

(9)

1. Corporation Name

MEDICAL MANAGEMENT OF MACON, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/16/1977
3a. Date of Last Report 01/20/1994

4. FEI Number 59-1807994
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. 193.032, 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

YACHNOWITZ, STUART
3990 SHERIDAN ST., #212
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name Mark London
82 Street Address (P.O. Box Number is Not Acceptable) 4030-C Sheridan St.
83
84 City Hollywood FL 85 Zip Code 33021

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

(If change of office or agent, or both, is made, the signature of the new agent and the old agent are both required.)

(NOTE: Registered Agent signature required when resigning)

DATE

Mark S. London 1-19-95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	YACHNOWITZ, STUART	3990 SHERIDAN ST., #212	HOLLYWOOD FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	Yachnowitz, Stuart	4401 Sheridan St. #105	Hollywood, FL 33021	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	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 119.07(3)(k), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart Yachnowitz 1-19-95 (205) 987-6604