

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **551337** (9)

1. Corporation Name

MEDICAL MANAGEMENT OF MACON, INC.

Principal Place of Business

**4401 SHERIDAN ST.
#105
HOLLYWOOD FL 33021
US**

Mailing Address

**4401 SHERIDAN ST.
#105
HOLLYWOOD FL 33021
US**



3. Date Incorporated or Qualified

11/16/1977

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **Y & S MANAGEMENT**

26 **Y & S MANAGEMENT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **3990 Sheridan St. #212**

27 **3990 Sheridan St. #212**

City & State

City & State

23 **Hollywood, FL**

28 **Hollywood, FL**

Zip

Country

Zip

Country

24 **33021**

25 **Broward**

29 **33021**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONDON, MARK
4030-C SHERIDAN ST.
HOLLYWOOD FL 33021**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of Registered Agent (must be signed by the agent)

Signature of Registered Agent (must be signed by the agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **PD** ☐ DELETE
NAME **YACHNOWITZ, STUART**
STREET ADDRESS **4401 SHERIDAN ST. #105**
CITY-STATE-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart Yachnowitz, President

2/23/96

Date

(954) 987-6604

Exhibit Filing #

CR2E034 (12/95)