

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

APPROVED
AND
FILED

1997 AUG 25 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. McManam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 551337 (9)
1. Corporation Name

Medical Management of Macon, Inc.

Principal Place of Business Mailing Address
Y & S Management
3990 Sheridan St. #212
Hollywood, FL 33021

3. Date Incorporated or Qualified 11/16/1977
3a. Date of Last Report 2/27/1996

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 24 Zip 25 Country	2a. Mailing Address 26 3389 Sheridan St. 27 Suite, Apt #, etc. 28 City & State 29 Zip 30 Country
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4. FEI Number 59-1807994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Stuart Yachnowitz
3990 Sheridan St. #212
Hollywood, FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

8/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuart Yachnowitz	1.2 NAME	600002278796--8
STREET ADDRESS	3990 Sheridan St. #212	1.3 STREET ADDRESS	-08/27/97--01084--003
CITY-ST-ZIP	Hollywood, FL 33021 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/97

Date

954 987 6111

Daytime Phone

CR2E034 (9/96)

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July 18, 1997

**Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302**

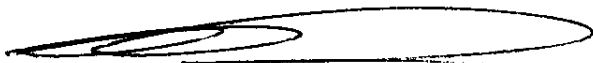
Re: Second Notice Received

To Whom It May Concern:

Please be advised we received a second notice form for Medical Management of Macon, Inc. Document #551337. A check was sent in the amount of \$165.00 on January 4, 1997 and I understand Annual Reports at that time were damaged. I spoke with Sean at the Reinstatement department and was told to issue a new check in the amount of \$165.00 which is enclosed.

Thank you .

Sincerely,



**Stuart Yachnowitz
President**