

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 551337

FILED
Mar 10, 2005
Secretary of State

Entity Name: MEDICAL MANAGEMENT OF MACON, INC.

Current Principal Place of Business:

29612 KELLOG AVE.
MACON, MO 63552 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 465
MACON, MO 61552 US

New Mailing Address:

1395 BEECH STREET
ATLANTIC BEACH, NY 11509 US

FEI Number: 59-1807994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

FOGAL, CHRISTOPHER
603 N. INDIAN RIVER DRIVE
SUITE 300
FORT PIERCE, FL 34950 US

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: CHRISTOPHER FOGAL

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YACHNOWITZ, STUART
Address: 1395 BEECH BLVD.
City-St-Zip: ATLANTIC BEACH, NY 11509

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART YACHNWOITZ

PRES

03/10/2005

Electronic Signature of Signing Officer or Director

Date