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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 551398

1. Corporation Name

MEDICAL MANAGEMENT OF OSAGE REACH, INC.

WILDIOA	INAMAGENERY OF OURCE	DEAOII, INO							
Principal Place	of Rusiness	Mailing Address					I ILDUU EIRRU IURI IURI	MYNEL BIDIL SINCE BI	Bil gibil bibil kedi
Y&S MANAGEM		3389 SHERIDAN STREET			Ι΄.				
3990 SHERIDAN ST #212 #326									
HOLLYWOOD FL 32021 HOLLYWOOD FL 33021						DO	NOT WRITE IN	THIS SPACE	
US		US			3	. Date Incorporated of 11/17/1977	or Qualifed		
2. Principal P	ace of Business	2a. Mailing Address			4	. FEI Number			Applied For
4030	-C SHERIDAN ST.	26 1395 BEECH	BLVD			59-1807992			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			, 5	. Certifcate of Status	Desired .		5 Additional Required
City & State		City & State			6	. Election Campaign	Financing	\$5.0	00 May Be
23 HOLL	YWOOD, FL	28 ATLANTIC BEA		NY		Trust Fund Contribu	ution		ed to Fees
Zip	Country	Zip	Country	_	8	. This corporation ow	•	_	
24 3302		29 11509 30	O NAS	SAU		Personal Property		∐ Yes	□No
	9. Name and Address of Current	Registered Agent	81	Name	10	Name and Addres	S OT NEW REGIST	ered Agent	
VAC	HNOWITZ, STUART		61	Name	MARK	LONDON		,	
3990	SHERIDAN STREET, #212		82			P.O. Box Number is I SHERIDAN			
HUL	LYWOOD FL 33021		83						
	/	ΩA	84	City H	IOT.T.V	WOOD			Zip Code
11. Pursuant	to the provisions of Sections #07.0502	and 607.1508, Florida Statutes.	, the above	-named c	corporation	on submits this statem	ent for the purpo	se of changing	its registered
office or r	to the provisions of Sections #07.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such mange was auth	horized by to la Statutes.	the corpor	oration's b	ooard of directors. I he	ereby accept the	appointment as	s registered
			L Claidioo.			_	11	6/99	,
SIGNATURE	Algorithms typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agen	signature rec	equired when	reinstating)	lož	ITE /	
12.	OFFICERS AND		13.			ADDITIONS/CHANG	ES TO OFFICE		
TITLE	PØ	☐ DELETE	1.1 TITLE					Chan	ige 🖺 Addition
NAME	YACHNOWITZ, STUART		12 NAME		139	5 BEECH B	LVD	r	
STREET ADDRESS	3389 SHERIDAN STREET, #326		1.3 STREET	ADDRESS	ATI	ANTIC BEE	CH, NY	11509)
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST	-ZIP				•	
TITLE	☐ DELETE		2.1 TITLE					☐ Chan	ige 🔲 Addition
NAME			2.2 NAME	-		-			
STREET ADDRESS			2.3 STREET	ADDRESS		•			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	ı			···	
TITLE		☐ DELETE	3.1 TITLE					☐ Chan	ge Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY- S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Chan	ige
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS				•	
CITY-ST-ZIP			4.4 CITY-ST	-ZIP					
TITLE		☐ DELETE	5.1 TITLE	T				☐ Chan	nge
NAME			5.2 NAME			•			
STREET ADDRESS			53 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP_	<u></u>			·	
TITLE		☐ OELETE	6.1 TITLE					☐ Chan	ge
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					

6.4 CITY-ST-ZIP 14. I 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, with all other like empowered.

CITY-ST-ZIP

