
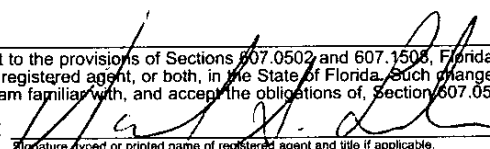


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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 551398			
1. Corporation Name MEDICAL MANAGEMENT OF OSAGE BEACH, INC.			
Principal Place of Business Y&S MANAGEMENT 3990 SHERIDAN ST #212 HOLLYWOOD FL 32021 US		Mailing Address 3389 SHERIDAN STREET #326 HOLLYWOOD FL 33021 US	
2. Principal Place of Business 21 4030-C SHERIDAN ST. Suite, Apt. #, etc. 22 City & State 23 HOLLYWOOD, FL Zip Country 24 33021 25 BROWARD		2a. Mailing Address 26 1395 BEECH BLVD. Suite, Apt. #, etc. 27 City & State 28 ATLANTIC BEACH, NY Zip Country 29 11509 30 NASSAU	
9. Name and Address of Current Registered Agent YACHNOWITZ, STUART 3990 SHERIDAN STREET, #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 STREET 83 84 City HOLLYWOOD FL 85 Zip Code 33021	
11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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  DATE 1/6/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME PD YACHNOWITZ, STUART STREET ADDRESS 3389 SHERIDAN STREET, #326 CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1395 BEECH BLVD 1.4 CITY-ST-ZIP ATLANTIC BEECH, NY 11509 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)