
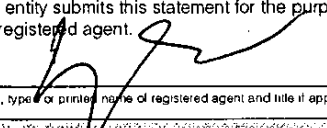
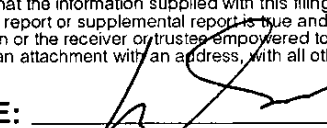


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90060 009 \*\*\*150.00

<b>DOCUMENT # 569088</b> 1. Entity Name <b>FLORIDA MEDICAL MANAGEMENT CONSULTANTS, INC.</b>						
Principal Place of Business <b>224 COMMERCIAL BLVD SUITE 200 LAUDERDALE BY THE SEA FL 33308</b>			Mailing Address <b>224 COMMERCIAL BLVD SUITE 200 LAUDERDALE BY THE SEA FL 33308</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
4. FEI Number <b>59-1820060</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>COBO, JOSEPH M. <del>1919 SUNRISE KEY BLVD</del> <del>FORT LAUDERDALE FL 33304</del></b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>224 COMMERCIAL BLVD #200</b> <b>LAUDERDALE BY THE SEA</b> City <b>FL</b> Zip Code <b>33308</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)						
DATE <b>2/1/05</b>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>						
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COBO, E JOSEPH, MD 1919 SUNRISE KEY BLVD FT LAUDERDALE FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COBO, JOSEPH M 1400 E OAKLAND PK BLVD FT LAUDERDALE FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEILAN, MAYRA 2120 SW 52ND LANE PLANTATION FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBO, CAROLINE 1919 SUNRISE KEY BLVD FT LAUDERDALE FL		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
DATE <b>2/1/05</b> (954) 351-0336						