2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 569088

Entity Name: FLORIDA MEDICAL MANAGEMENT CONSULTANTS, INC.

Current Principal Place of Business:

224 COMMERCIAL BLVD
SUITE 200
LAUDERDALE BY THE SEA, FL 33308

New Principal Place of Business:

Current Mailing Address:

224 COMMERCIAL BLVD
SUITE 200
LAUDERDALE BY THE SEA, FL 33308

New Mailing Address:

FEI Number: 59-1820060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COBO, JOSEPH M.
224 COMMERCIAL BLVD #200
LAUDERDALE BY THE SEA, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VTD ( ) Delete
Name: COBO, E JOSEPH, MD,
Address: 1919 SUNRISE KEY BLVD
City-St-Zip: FT LAUDERDALE, FL

Title: PSD ( ) Delete
Name: COBO, JOSEPH M,
Address: 1400 E OAKLAND PK BLVD
City-St-Zip: FT LAUDERDALE, FL

Title: VD ( ) Delete
Name: MEILAN, MAYRA,
Address: 461 SW 5TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change ( ) Addition
Name: COBO, E JOSEPH, MD,
Address: 1919 SUNRISE KEY BLVD
City-St-Zip: FT LAUDERDALE, FL 33308

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MAYRA MEILAN D 01/21/2009

Electronic Signature of Signing Officer or Director — Date