2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 569088

FILED Feb 23, 2010 Secretary of State

Entity Name: FLORIDA MEDICAL MANAGEMENT CONSULTANTS, INC.

Current Principal Place of Business: New Principal Place of Business:

224 COMMERCIAL BLVD 701 W. CYPRESS CREEK ROAD

SUITE 200 SUITE 101

LAUDERDALE BY THE SEA, FL 33308 FT. LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

224 COMMERCIAL BLVD 701 W. CYPRESS CREEK ROAD SUITE 200 SUITE 101

LAUDERDALE BY THE SEA, FL 33308 SUITE 101

FT. LAUDERDALE, FL 33309

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COBO, JOSEPH M. COBO, JOSEPH M

224 COMMERCIAL BLVD #200 701 W. CYPRESS CREEK ROAD

LAUDERDALE BY THE SEA, FL 33308 US SUITE 101

FT. LAUDERDALE, FL 33309 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: JOSEPH M. COBO 02/23/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTD

Name: COBO, E JOSEPH, MD
Address: 1919 SUNRISE KEY BLVD
City-St-Zip: FT LAUDERDALE, FL 33308

Title: PSD

Name: COBO, JOSEPH M

Address: 701 W. CYPRESS CREEK ROAD STE 101

City-St-Zip: FT LAUDERDALE, FL 33309

Title: VD

Name: MEILAN, MAYRA Address: 461 SW 5TH AVENUE

City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH M. COBO PRES 02/23/2010