

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 569088

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA MEDICAL MANAGEMENT CONSULTANTS, INC.

**Current Principal Place of Business:**

701 W. CYPRESS CREEK ROAD  
SUITE 101  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

701 W. CYPRESS CREEK ROAD  
SUITE 101  
FT. LAUDERDALE, FL 33309

**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  
701 W. CYPRESS CREEK ROAD  
SUITE 101  
FT. LAUDERDALE, FL 33309 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

**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

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

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date