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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:42

DOCUMENT # 574523 (7)

1. Corporation Name
MEDICAL MANAGEMENT OF RALEIGH, INC.

Principal Place of Business
3990 SHERIDAN STREET. #212
HOLLYWOOD FL 33021

Mailing Address
3990 SHERIDAN STREET. #212
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/02/1978
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1830810 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 4401 Sheridan St.
Suite, Apt. #, etc.
22 #105
City & State
23 Hollywood, FL
Zip 24 33021 Country 25 USA

2a. Mailing Address
26 4401 Sheridan St.
Suite, Apt. #, etc.
27 #105
City & State
28 Hollywood, FL
Zip 29 33021 Country 30 USA

9. Name and Address of Current Registered Agent
YACHNOWITZ , STUART
3990 SHERIDAN ST., #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 St.
83
84 City: Hollywood FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Mark S. London 1-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YACHNOWITZ, STUART
STREET ADDRESS	3990 SHERIDAN ST. #212
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	SD
NAME	YACHNOWITZ,JOSEPH
STREET ADDRESS	1550 NE MIAMI GARDENS DR
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VP
NAME	HILL, SUSAN
STREET ADDRESS	3990 SHERIDAN ST. # 212
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Yachnowitz, Stuart	
1.3 STREET ADDRESS	4401 Sheridan St. #105	
1.4 CITY-ST-ZIP	Hollywood, FL 33021	
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	Yachnowitz, Joseph	
2.3 STREET ADDRESS	4401 Sheridan St. #105	
2.4 CITY-ST-ZIP	Hollywood, FL 33021	
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME	Hill, Susan	
3.3 STREET ADDRESS	4401 Sheridan St. #105	
3.4 CITY-ST-ZIP	Hollywood, FL 33021	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stuart Yachnowitz 1-19-95 (305) 987-6604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0003830 CP