

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 686675

1. Entity Name
AMERICAN MEDICAL MANAGEMENT, INC.



Principal Place of Business
**2106 DREW STREET, #103
CLEARWATER, FL 33765 US**

Mailing Address
**2106 DREW STREET, #103
CLEARWATER, FL 33765 US**



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2024406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**OWENS, DEZRA
2106 DREW STREET, SUITE 103
CLEARWATER, FL 33765**

**DO NOT WRITE
IN THIS SPACE**

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 retreating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD RYGIEL, ROBIN L 2106 DREW ST - STE 103 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAT DRESDEN, GARY A 2106 DREW ST, STE #103 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, MELINDA R 2106 DREW STREET, STE 103 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OWENS, DEZRA 2106 DREW STREET SUITE 103 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80071-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gary Dresden **4-3-06** **727-442-0445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #