

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90007 006 ***150.00

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**

DO NOT WRITE IN THIS SPACE



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2024406

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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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: *Melinda R. Miller* **MELINDA R. MILLER** **TD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /

3/26/07 *727-442-0445*
Date Daytime Phone #