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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600002388

1. Corporation Name

Principal Place of Business

BMJ MEDICAL MANAGEMENT, INC.

_	AL HWY.	4800 N. FEDERAL HWY.					
101-E   BOCA RATON FL 33431		101-E BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
		•			05/13/1996		
2. Principal Pl	lace of Business	2a. Mailing Address		_	4. FEI Number A	oplied For	
21		26			65-0676079 N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	¢0.75	Additional	
22		27			5. Certificate of Status Desired	equired 📑	
City & State	e -	City & State		_	6. Election Campaign Financing 55.00	May Be	
23		28				to Fees	
Zip	Country	Zip	Country	'	8. This corporation owes the current year Intangible		
24	25 29 30				Personal Property Tax.		
	9. Name and Address of Current	<u> </u>	<del>'</del>		10. Name and Address of New Registered Agent		
			81	Name			
COR	PORATION SERVICE COMPANY		_		(0.0.0.0.1)		
1201 HAYS STREET		82 Street		Street Addre	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525			83				
			84	City	E1 85 Zip	Code	
	10 007.0500	1007 4500 Florida Otabata	45		existing authority this statement for the purpose of changing its	registered	
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							
. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			nt signature required		DDC IN 40		
12.			13.	<b>4</b> 2.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Addition	
TITLE	PDC	DELETE	1.1 TITLE	PD	, —	[	
NAME	Nacipal NARISH MD		1.2 NAME	1514	EET, CHARLES E.		
STREET ADDRESS				12,7	100 ST The James 1 170 177 #101 P	1	
	2300 N. Federal	Hwy., Ste. 101	<b>⊡</b> .3 \$TREE	TADDRESS 48	300 N. Federal Hwy #101E	]	
CITY-ST-ZIP	BOCA RATON FL 33431	•	1.4 CITY-S	TADDRESS 48	300 N. Federal Hwy #101E oca Raton, FL 33431	<b>V</b> 7.4.100	
CITY-ST-ZIP TITLE	BOCA RATON FL 33431	Hwy., Ste. 101	<b>⊡</b> .3 \$TREE	TADDRESS 48 T-ZIP BC	300 N. Federal Hwy #101E oca Raton, FL 33431	X Addition	
	BOCA RATON FL 33431  DEDELSON, STEWART	DELETE	1.4 CITY-S	TADDRESS 48 ST-ZIP BC	300 N. Federal Hwy #101E oca Raton, FL 33431 □Change	X Addition	
TITLE	BOCA RATON FL 33431  DEDELSON, STEWART	DELETE	3.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	TADDRESS 48 T-ZIP BC  SS LU TADDRESS 48	300 N. Federal Hwy #101E  oca Raton, FL 33431  Change  RIA, NEIL F.  OD N. FEDERAL HWY #101E	<b>X</b> Addition	
TITLE NAME	BOCA RATON FL 33431  CIDELSON, STEWART 4500 N. HWY	DELETE	3.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	TADDRESS 48 T-ZIP BC  SS LU TADDRESS 48	300 N. Federal Hwy #101E  oca Raton, FL 33431  Change  RIA, NEIL F.  OD N. FEDERAL HWY #101E	X Addition	
TITLE NAME STREET ADDRESS	BOCA RATON FL 33431  CIDELSON, STEWART  4500 N HAEGE HWY	Ø DELETE	2.3 STREE  1.4 CITY-S  2.1 TITLE  2.2 NAME  2.3 STREE	TADDRESS 48 T-ZIP BC TADDRESS 48 ST-ZIP PD	RIA, NEIL F.  OO N. FEDERAL HWY #101E  Ca Raton, FL 33431  Change  RIA, NEIL F.  OO N. FEDERAL HWY #101E	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33431  CO EDELSON, STEWART 4800 N. Wed. Hwy.	© DELETE Ste. 101E 3431	E).3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	TADDRESS 48 T-ZIP BC ST-ZIP PO	RIA, NEIL F.  OD N. FEDERAL HWY #101E  Ca Raton, FL 3343		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33431  C EDELSON, STEWART 4500 N. Feed, Hwy are a faton, FE 3	© DELETE Ste. 101E 3431	2.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	TADDRESS 48 T.ZIP BC S. L.U. TADDRESS 48 ST.ZIP P.O. T.	RIA, NEIL F.  OO N. FEDERAL HWY #101E  Ca Raton, FL 33431  Change  TER. DAVIDSH.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOCA RATON FL 33431  CONTROL OF THE BOCA FRATON FE 3  LOMONT ANN HOUSE GORHAM SLAND	© DELETE Ste. 101E 3431	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	TADDRESS 48 T.ZIP BC  ST.ZIP PD  TADDRESS 48 TADDRESS 4'8	RIA, NEIL F.  OD N. FEDERAL HWY #101E  Ca Raton, FL 33431  Change  TER, DAVIDH.  OO N. FEDERAL HWY #101E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BOCA RATON FL 33431  O EIDELSON, STEWART  4500 N Haed Hwy BOCA RALON; FL 3  CMONT ANN H ONE GORHAM SLAND WEST ORI CT 06881	© DELETE Ste. 101E 3431	2.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	TADDRESS 4 8 T-ZIP BO TADDRESS 4 8 TADDRESS 4 8 TADDRESS 4 8 TADDRESS 4 8 TADDRESS BO	Change  RIA: NEIL F.  OO N. FEDERAL HWY #101E  Ca Raton; FL 33431  Change  TER, DAVIDSH.  OO N. FEDERAL HWY #101E  Ca Raton; FL 33431  Change  Ter, DAVIDSH.  OO N. FEDERAL HWY #101E		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33431  D EIDELSON, STEWART  4500 N Heed, Hwy  4500 N Heed, Hwy  COMMONT ANN H  CONE GORHAM ISLAND  WEST ORI CT 06881  D LOTHROP DONALD  MENTO HARK CA 94625  VDS  FATER, DAVID H.  4800 N FEDERAL HWY, 101-E  BOCA RATON FL 33431	Ste. 101E 3431 OELETE  DELETE  DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.4 CITY-S 5.4 CITY-S 5.4 CITY-S 5.4 CITY-S	TADDRESS 48 TADDRESS 48 ST-ZIP FA TADDRESS 48 ST-ZIP BO NA TADDRESS 23 TADDRESS BO TADDRESS	Change  GPAL, NARESH MD  GPAL, NARESH MD  GPAL, NARESH MD  GRATON, FL 33496  Change  Change  Change  Change  Change	Addition	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS 68 5 NOGLE AVE

VAN MIYS CA