## FILE NOW: FILING FEE AFTER MAY 1 IS \$550:00

**PROFIT CORPORATION** ANNUAL REPORT

1997

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003742 (1)

MEDICAL MANAGEMENT SCIENCES, INC.

Principal Place of Business Mailing Address 7135 WINDSOR BLVD BALTIMORE MD 21244 7135 WINDSOR BLVD **BALTIMORE MD 21244-2706** 3. Date Incorporated or Qualified 3a. Dale of Last Report 07/24/1996 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 52-1068115 26 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Zip Country Yos No Florida Statutes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 C T CORPORATION SYSTEM The Prentice-Hall Corporation System, Inc 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street 82 PLANTATION FL 33324 83 Zip Code 32301 84 City Tallahassee 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, if the above hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, if the above hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, if the above hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, if the above hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, if the above hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, if the above hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, if the above hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, if the above hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, if the above hange was authorized by the corporation's board of directors. Karen B. Rozar, As Its Agent istered Agent signaturi OFFICERS AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition 1.1 TILLE TITLE Peggy B. Sherman DEZONIA, WILLIAM 1.2 NAME NAME 2700 Cumberland Parkway, Suite 300 7135 WINDSOR BLVD 1.3 STREET ADDRESS STREET ADDRESS Atlanta, Ga. 30339 **BALTIMORE MD** 1.4 C(TY-ST-7)P CITY-ST-ZIP DELETE ★ Addition Change 211006 TITLE Caryn S. Dickerson FORTHUBER, STEVE 2.2 NAMI NAME 2700 Cubmerland Parkway, Suite 300 7135 WINDSOR BLVD 2.3 STREET ADDRESS STREET ADDRESS **BALTIMORE MD** 2. 4 CITY - ST - ZIP Atlanta, GA. 30339 CITY-ST-ZIP Change X Addition DELETE 3 1 TITLE TITLE David E. McDowell 3.2 NAME NAME 2700 Cumberland Parkway, Suite 300 33 STREET ADDRESS STREET ADDRESS Atlanta, Ga. 30339 3.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE TITLE 4. 2 NAME Jerome H. Baglien NAME 4.3 STREET ADDRESS 2700 Cumberland Parkway Suite 300 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP Atlanta, Ga. 30339 Change DELETE 5.1 TITLE . 400002214294--3 5.2 NAME NAME -06/17/97---01037---001 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE 06/17/97-0103

14. I do hereby certify that the information supplied with this filling 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 offect 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.

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.2 NAME

**FILED** 

Jun 13 1997 8:00am

Secretary of State

\*\*\*3080.00

1/0/07