

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44259

1. Entity Name *PRODIGAL Millennium Solutions, Inc.*
MEDICAL MANAGEMENT RESOURCES, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90069 040 ***150.00

Principal Place of Business Mailing Address
9550 REGENCY SQUARE BOULEVARD SUITE 1200 JACKSONVILLE FL 32225
9550 REGENCY SQUARE BOULEVARD SUITE 1200 JACKSONVILLE FL 32225-8177

2. Principal Place of Business Suite, Apt. #, etc. *168 University Blvd N*
3. Mailing Address Suite, Apt. #, etc. *168 University Blvd N*

City & State *Jacksonville FL* City & State *Jacksonville, FL*
Zip *32211* Country *USA* Zip *32211* Country *USA*



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EDELBERG, CARAL 168 UNIVERSITY BLVD N JACKSONVILLE FL 32211		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE *Caral Edelberg* DATE *3-14-00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME EDELBERG, CARAL STREET ADDRESS 168 UNIVERSITY BLVD N CITY-ST-ZIP JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Caral Edelberg* DATE *3-14-00* DAYTIME PHONE # *(904) 725-4889*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)