


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # K08807 1. Entity Name A.H. MEDICAL MANAGEMENT SERVICES, INC.		
Principal Place of Business 1800 NO. FEDERAL HWY SUITE 104 POMPANO BEACH, FL 33062 US	Mailing Address 1800 NO. FEDERAL HWY SUITE 104 POMPANO BEACH, FL 33062 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GURR, MARY ELLEN 12765 SW 34 PLACE DAVIE, FL 33330		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHULTE, ROBERTA D. 15935 W PRESTWICK PL MIAMI LAKES, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GURR, MARY ELLEN 12765 SW 34TH PLACE DAVIE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Mary Ellen Gurr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/31/05</u> <u>9547820010</u> <small>Date Daytime Phone #</small>



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0035690	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000212436
02/03/05-80030-004 150.00