

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 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



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0035690

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GURR, MARY ELLEN
7124 NW 47TH LN
COCONUT GROVE, FL 33073

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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**

000000671134
03/28/07-80014-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHULTE, ROBERTA D.
STREET ADDRESS	15935 W PRESTWICK PL
CITY-ST-ZIP	MIAMI LAKES, FL
TITLE	STD
NAME	GURR, MARY ELLEN
STREET ADDRESS	7124 NW 47TH LN
CITY-ST-ZIP	COCONUT GROVE, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Mary Ellen Gurr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/2007

9547820010