2005 FOR PROFIT CORPORATIO ANNUAL REPORT	<b>FILED</b> Mar 30, 2005 08:00 AM
DOCUMENT # K17026 1. Entity Name MEDICAL MANAGEMENT AND UTILIZATION, INC.	Secretary of State
Principal Place of Business Mailing Address 600 W 20TH ST. 590 WEST 20TH STREET HIALEAH, FL 33010 US HIALEAH, FL 33010 US	
DO NOT WRITE IN THIS SPA	01102005 No Chg-P CR2E034 (10/03)
5. Name and Address of Current Registered Agent	
BRACERAS, WLFRED 600 W 20TH ST. HIALEAH, FL 33010	DO NOT WRITE IN THIS SPACE
the obligations of registered agent. SIGNATURE	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept ed Agent signature required when reinstating) DATE DCing \$5.00 Move Re
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.	
10.     OFFICERS AND DIRECTORS       TITLE     PSTD       NAME     BRACERAS, WILFRED       STREET ADDRESS     600 W 20TH ST.       CITY-ST-ZP     HIALEAH, FL       TITLE     NAME       STREET ADDRESS     CITY-ST-ZIP	U00000281038 03/30/05-80044-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
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 quality 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: D: The Bracues. WILFRED BR.	