


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90082 006 ***150.00

DOCUMENT # K39393 1. Entity Name EFFECTIVE MEDICAL MANAGEMENT, INC.			
Principal Place of Business % MARCO L. GONZALEZ 9000 S.W. 87 CT. #209 MIAMI, FL 33176		Mailing Address % MARCO L. GONZALEZ 9000 S.W. 87 CT. #209 MIAMI, FL 33176	
2. Principal Place of Business 8525 SW 92 Street Suite, Apt. #, etc. Suite B-4 City & State Miami Fla Zip 33156 Country Dade		3. Mailing Address 8525 SW 92 St. Suite, Apt. #, etc. Suite B-4 City & State Miami Fla Zip 33156 Country Dade	
4. FEI Number 65-0083947		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTILLA-GONZALEZ, DESALY 9000 SW 87 COURT SUITE 209 MIAMI, FL 33176		7. Name and Address of New Registered Agent Name Montilla-Gonzalez-Desaly Street Address (P.O. Box Number is Not Acceptable) 8525 SW 92 Street Suite B-4 City Miami FL Zip Code 33156	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BACALLAO, MANUEL <input type="checkbox"/> Delete 7522 S.W. 135TH PL MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, DESALY M. <input type="checkbox"/> Delete 11731 S.W. 95TH TER MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ-MAITIN, ANIA <input type="checkbox"/> Delete 10705 SW 88TH AVE MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Manuel Bacallao SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PTD 1/14/04 (305) 279-7446 Date Daytime Phone #	