

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39393

FILED  
Jun 18, 2009  
Secretary of State

Entity Name: EFFECTIVE MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

8525 SW 92 STREET  
STE B-4  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

8525 SW 92 STREET  
STE B-4  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 65-0083947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONTILLA-GONZALEZ, DESALY  
8525 SW 92 STREET  
SUITE B-4  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: BACALLAO, MANUEL  
Address: 7522 S.W. 135TH PL  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: GONZALEZ, DESALY M.  
Address: 11731 S.W. 95TH TER  
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete  
Name: FERNANDEZ-MAITIN, ANIA  
Address: 10705 SW 88TH AVE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL J BACALLAO

PTD

06/18/2009

Electronic Signature of Signing Officer or Director

Date