

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39393

FILED  
Apr 30, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MANUEL J. BACALLAO

PTD

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date