


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90020 007 ***150.00

DOCUMENT # K84734

1. Entity Name
DADE MEDICAL MANAGEMENT, INC.



Principal Place of Business Mailing Address

8950 N KENDALL DR SUITE 401 MIAMI, FL 33176 US **8950 N KENDALL DR SUITE 401 MIAMI, FL 33176 US**

2. Principal Place of Business 3. Mailing Address

8950 N. Kendall Dr **8950 N. Kendall Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


401 **401**

City & State City & State

MIAMI FL 33176 **MIAMI FL**

Zip Zip Country

MIAMI FL **33176** **Miami Dade**



07132004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0126340 Not Applicable

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

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M.
4000 HOLLYWOOD BV
STE 485 SOUTH
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLA, NANCY	NAME	
STREET ADDRESS	8950 N. KENDALL DR. SUITE 401	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLA, D. ENRIQUE	NAME	
STREET ADDRESS	8950 N. KENDALL DR. SUITE 401	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X Nancy Mella Date: 7/13/04 Daytime Phone #: (305) 598 3450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY MELLA