

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031331

FILED
Apr 24, 2007
Secretary of State

Entity Name: MEDICAL MANAGEMENT SPECIALISTS, LLC

Current Principal Place of Business:

1768 PARK CENTER DRIVE
SUITE200
ORLANDO, FL 32835

New Principal Place of Business:

8133 CANYON LAKE CIRCLE
ORLANDO, FL 32835

Current Mailing Address:

8133 CANYON LAKE CIR
ORLANDO, FL 328358211

New Mailing Address:

FEI Number: 14-1906809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYNNE, FRED
8133 CANYON LAKE CIR
ORLANDO, FL 328358211 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WYNNE, FRED
Address: 8133 CANYON LAKE CIR
City-St-Zip: ORLANDO, FL 328358211 US

Title: MGR () Delete
Name: BURNS, BRIAN D
Address: 100 DETMAR DR
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RALPH PORTO

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date