2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005
Secretary of State

DOCUMENT# M45292

Entity Name: ERLAN MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

C/O PHILIP GROSSMAN
1321 NW 14TH ST SUITE 101
MIAMI, FL 33125

New Principal Place of Business:

C/O PHILIP GROSSMAN MD
1321 NW 14TH ST SUITE 101
MIAMI, FL 33125

Current Mailing Address:

C/O PHILIP GROSSMAN
1321 NW 14TH ST SUITE 101
MIAMI, FL 33125

New Mailing Address:

C/O PHILIP GROSSMAN MD
1321 NW 14TH ST SUITE 101
MIAMI, FL 33125

FEI Number: 59-2758840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROSSMAN, PHILIP
1321 N.W. 14TH STREET
SUITE 101
MIAMI, FL 33125 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: GROSSMAN, PHILIP M.D, .
Address: 1321 NW 14 ST, SUITE 101
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: PHILIP GROSSMAN MD PRES 02/12/2005

Electronic Signature of Signing Officer or Director — Date