

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M52012

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: MIAMI MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

100 S.E. 2ND STREET  
STE 4000  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

100 S.E. 2ND STREET  
STE 4000  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 59-2806459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 336075736 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: TD ( ) Delete  
Name: MADORSKY, MARTIN,  
Address: 6101 BLUE LAGOON DRIVE STE 455  
City-St-Zip: MIAMI, FL 33126

Title: PD ( ) Delete  
Name: MADORSKY, MARSHA G.,  
Address: 100 SE 2ND STREET STE 400  
City-St-Zip: MIAMI, FL 33131

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

Title: TD (X) Change ( ) Addition  
Name: MADORSKY, MARTIN  
Address: 6101 BLUE LAGOON DRIVE STE 455  
City-St-Zip: MIAMI, FL 33126

Title: PD (X) Change ( ) Addition  
Name: MADORSKY, MARSHA G  
Address: 100 SE 2ND STREET STE 400  
City-St-Zip: MIAMI, FL 33131

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 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: MARSHA MADORSKY

PD

01/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date