

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M52012

FILED
Mar 19, 2008
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: () 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 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

03/19/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date