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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29916** (6)
1. Corporation Name
AMERICAN BOARD OF MEDICAL MANAGEMENT, INC.



Principal Place of Business 4890 W. KENNEDY BLVD. SUITE 200 TAMPA FL 33609-2517	Mailing Address 4890 W. KENNEDY BLVD. SUITE 200 TAMPA FL 33609-2575
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/28/1988	3a. Date of Last Report 05/30/1996
				4. FEI Number 59-2969547	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHENKE, ROGER S. 4890 W. KENNEDY BLVD. STE. 200 TAMPA FL 33609-2517				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	P	LIPSON, EDWARD H M.D.	787 7TH AVENUE NEW YORK NY				
	T	LENZ, PAUL R MD	57 ROUTE 1 NEW BRUNSWICK NJ				
	VP	BERMAN, HENRY S MD	5615 WEST SUNSET HWY SPOKANE WA				
	D	ROBERT H. HODGE, JR. M	2764 BROWNS GAP TURNPIKE CHARLOTTESVILLE VA				
	D	JOHN W. POLLARD, MD	602 W UNIVERSITY AVENUE URBANA IL				
	T	KLINT, ROBERT B.	1400 CHARLES ST. ROCKFORD IL 61104				

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (9/96)