

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90089 044 \*\*\*\*61.25

**DOCUMENT # N29916**

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 33609-2517



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/28/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2969547

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHENKE, ROGER S.  
4890 W. KENNEDY BLVD.  
STE. 200  
TAMPA FL 33609-2517

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PD ☐ DELETE  
NAME BABKA, JOHN C M.D.  
STREET ADDRESS 323 JEFFORDS  
CITY-ST-ZIP CLEARWATER FL 33756

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE  
NAME KAUFMAN, RONALD MD  
STREET ADDRESS 3500 E. FLETCHER AVE., #530  
CITY-ST-ZIP TAMPA FL 33613

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DST ☐ DELETE  
NAME SCHENKE, ROGER  
STREET ADDRESS 4890 W. KENNEDY BLVD., #200  
CITY-ST-ZIP TAMPA FL 33609

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☒ DELETE  
NAME KLINT, ROBERT B.  
STREET ADDRESS 1400 CHARLES ST.  
CITY-ST-ZIP ROCKFORD IL 61104

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)