

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P00000005362**

1. Entity Name  
**PHOENIX MEDICAL MANAGEMENT, INC.**



Principal Place of Business  
**1401 SOUTH OCEAN BOULEVARD  
SUITE 402  
POMPANO BEACH, FL 33062**

Mailing Address  
**1401 SOUTH OCEAN BOULEVARD  
SUITE 402  
POMPANO BEACH, FL 33062**



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEL Number  
**65-0699023**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DANIELS, STEFANI  
1401 SOUTH OCEAN BLVD  
POMPANO BEACH, FL 33062**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DANIELS, STEFANI
STREET ADDRESS	1401 SOUTH OCEAN BOULEVARD
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	D
NAME	RAMEY, MARIANNE
STREET ADDRESS	8420 NW 28 ST
CITY - ST - ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/22/07-80001-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 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

**Stefani Daniels**

**1-18-07**

Date

**954941-6505**

Days-to Phone #