2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005362

8420 NW 28 ST

SUNRISE, FL 33322

Address:

City-St-Zip:

Entity Name: PHOENIX MEDICAL MANAGEMENT, INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1401 SOUTH OCEAN BOULEVARD SUITE 402 POMPANO BEACH, FL 33062 **New Mailing Address: Current Mailing Address:** 1401 SOUTH OCEAN BOULEVARD SUITE 402 POMPANO BEACH, FL 33062 FEI Number: 65-0699023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DANIELS, STEFANI 1401 SOÚTH OCEAN BLVD POMPANO BEACH, FL 33062 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DANIELS, STEFANI Name: Name: 1401 SOUTH OCEAN BOULEVARD Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: Title: () Change () Addition () Delete Name: RAMEY, MARIANNE 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: STEFANI DANIELS D 01/04/2008