

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005362

FILED  
Jan 18, 2009  
Secretary of State

Entity Name: PHOENIX MEDICAL MANAGEMENT, INC.

## Current Principal Place of Business:

1401 SOUTH OCEAN BOULEVARD  
SUITE 402  
POMPANO BEACH, FL 33062

## New Principal Place of Business:

## Current Mailing Address:

1401 SOUTH OCEAN BOULEVARD  
SUITE 402  
POMPANO BEACH, FL 33062

## New Mailing Address:

FEI Number: 65-0699023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DANIELS, STEFANI  
1401 SOUTH OCEAN BLVD  
POMPANO BEACH, FL 33062 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: D ( ) Delete  
Name: DANIELS, STEFANI  
Address: 1401 SOUTH OCEAN BOULEVARD  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete  
Name: RAMEY, MARIANNE  
Address: 8420 NW 28 ST  
City-St-Zip: SUNRISE, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change ( ) Addition  
Name: DANIELS, STEFANI  
Address: 1401 SOUTH OCEAN BOULEVARD  
City-St-Zip: POMPANO BEACH, FL 33062

Title: MS (X) Change ( ) Addition  
Name: RAMEY, MARIANNE  
Address: 8420 NW 28 ST  
City-St-Zip: SUNRISE, FL 33322

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

MS

01/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date