2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90078 049 ***150.00

DOCUMENT # P0000012566 1. Entity Name MEDICAL MANAGEMENT SYSTEMS, INC.								4010v*		3 049 ***	130.00	
Principal Place of Business 929 CLINTMORE RD. BOCA PATON, FL 33487-			Mailing Address 929 CLINTMORE RD. BOCA RATON, FL 33487					· .			 	
	Place of Busines Yamato Roa	ss - No P.O. Box #	3. Mailing Address 999 Yamato Ro									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202007	Chg-P	CR2E(034 (12/06)			
Third Floor			Third Floor			04202001	Ong-r		J34 (12 00)			
City & State Boca Raton, FL			Cile Soca Raton, Fl			4. FEI Numb 65-100				pplied For ot Applicable		
Zip 334	131	Country USA	Zip 33431	Coun	USA		5. Certificate	of Status Desired		\$8.75 Ade		
-	6. Name ar	nd Address of Current	t Registered Agent				7. Name and	Address of New R	legistered	Agent		
DODEK-6	A850#				Name Robert Dodek							
DODEK, ROBERT 9 29 CLINTMORE RD. B OGA RATON, FL -334 87					Street Address (P.O. Box Number is Not Acceptable)							
30-07-1					999 Yamato Road, Third Floo							
					-					FL Zip Code 33431		
8. The above the obligat	named entity s tions of register	ubmits this statement of agent.	or the purpose of changing its	registere	ed office or r	registere	ad agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE Robert Dodek Y-24-07 Storature, typed or printed name & registered Suptrand Suptrand Utile II applicable. (NOTE: Replatered Agent Monature required when registering) DATE												
Signature, typed or printed name of registered Southfand tale !! applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.	Р.	OFFICERS AND		11.		Р	ADDITIONS,	CHANGES TO OFF	ICERS AND			
TITLE NAME	KOSLOW, H	IOWARD R	☐ Delate	TITLE		•	ow, Howar	d		Change	☐ Addition	
STREET ADDRESS	929 CLINT				ET ADDRESS			ad, Third Floor	r			
CITY-ST-ZIP	BOCA RATO	DN, FL 33487	спу-		-ST-ZIP		a Raton, Fl					
TITLE	CEO	☐ Delete	□ Delete TITLE		CEO				Change	Addition		
NAME	BARONOFF, PETER R				STREET ADDRESS 999		off, Peter					
STREET ADDRESS CITY-ST-ZIP							'amato Roa	ad, Third Floor				
ttrue				TITLE		Boca	Raton, FL	.33431		☐ Change	☐ Addition	
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CITY-ST-ZIP			***************************************	CITY-	-ST-ZIP							
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	ertify that the in	Iformation eupolised with	this filling does not qualify for			ntsipod	in Charter 110	Dorida Standar I	Combre	Ch. sharet - *		
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further cartify that the information indicated on this report or supplemental report is true and accurate and that my supplemental have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as an opening the corporation or the receiver or trustee empowered to execute this report as an opening the corporation of the receiver or trustee empowered to execute the trustee of the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the receiver of the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the receiver or trustee the receiver or trustee empowered to execute the receiver or trustee the receiver												
SIGNATURE: Howard Koslow Hewels Koul 4/24/07 561-869-3100												
		SIGNATURE AND TYPED OR I	PRINTED HAME OF SIGNING OFFICER	OR DIRECT	OR			Osle	D	Seytime Phone #		