


FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90078 049 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000012566			
1. Entity Name MEDICAL MANAGEMENT SYSTEMS, INC.			
Principal Place of Business 929 CLINTMORE RD. BOCA RATON, FL 33487		Mailing Address 929 CLINTMORE RD. BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box # 999 Yamato Road		3. Mailing Address 999 Yamato Road	
Suite, Apt. #, etc. Third Floor		Suite, Apt. #, etc. Third Floor	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431	Country USA	Zip 33431	Country USA
4. FEI Number 65-1001217		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DODEK, ROBERT 929 CLINTMORE RD. BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Robert Dodek Street Address (P.O. Box Number is Not Acceptable) 999 Yamato Road, Third Floor City Boca Raton FL Zip Code 33431	
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 <u>Robert Dodek</u> <i>[Signature]</i> DATE <u>4-24-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOSLOW, HOWARD B 929 CLINT MOORE RD. BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Koslow, Howard 999 Yamato Road, Third Floor Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BARONOFF, PETER R 929 CLINT MOORE RD. BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Baronoff, Peter 999 Yamato Road, Third Floor Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Howard Koslow</u> <i>[Signature]</i>		Date <u>4/24/07</u> Daytime Phone # <u>561-869-3100</u>	