



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000063357	
1. Entity Name MED ONE MEDICAL MANAGEMENT INC.	

Principal Place of Business P.O. BOX 1008 COCONUT GROVE, FL 33133	Mailing Address P.O. BOX 1008 COCONUT GROVE, FL 33133
--	--

DO NOT WRITE IN THIS SPACE

	
04152005	No Chg-P CR2E034 (10/03)
4. FEI Number 65-1024350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLEMUR, PIERRE R MD
3640 GRAND AVENUE
COCONUT GROVE, FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEMUR, PIERRE R MD 3640 GRAND AVE. COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U000000327035
04/25/05-80021-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/21/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #