~2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P00000063357 1. Entity Name MED ONE MEDICAL MANAGEMENT INC. Principal Place of Business Mailing Address P.O. BOX 1008 P.O. BOX 1008 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 03102008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-1024350 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required BLEMUR, PIERRE R MD 3640 GRAND AVENUE COCONUT GROVE, FL 33133 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000860984 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 04/02/08-80085-007 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. n TITLE NAME BLEMUR, PIERRE R MD 3640 GRAND AVE. STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE NAME STREET ADDRESS CITY-ST-ZIP IMIE NAME STREET ADDRESS CITY-ST-ZIP IELE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 dustee empowered preserved 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. Mar 10 2001 con SIGNATURE:

FILED