

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057563

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: ALJO MEDICAL MANAGEMENT INC.

## Current Principal Place of Business:

8236 LEXINGTON VIEW LANE  
ORLANDO, FL 32835 US

## New Principal Place of Business:

2238 WINTER WOODS BLVD.  
WINTER PARK, FL 32792 US

## Current Mailing Address:

8236 LEXINGTON VIEW LANE  
ORLANDO, FL 32835 US

## New Mailing Address:

2238 WINTER WOODS BLVD  
WINTER PARK, FL 32792 US

FEI Number: 59-3735565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAURELLO, JOHN M DR  
3651 WILD PINES  
UNIT B105  
BONITA SPRINGS, FL 34134 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: PD ( ) Delete  
Name: MAURELLO, LAWRENCE  
Address: 1615 BERKELEY AVENUE  
City-St-Zip: BALDWIN, NY 11510

Title: VD ( ) Delete  
Name: DUBINSKI, ALEXANDER  
Address: 2940 WEST 5TH STREET APT 7B  
City-St-Zip: BROOKLYN, NY 11224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN M MAURELLO

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date