

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105771

FILED
Apr 29, 2005
Secretary of State

Entity Name: RENAISSANCE MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

15870 NW 10TH ST.
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

15870 NW 10TH ST.
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 14-1849901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARVELO, LYDIA E
15870 NW 10TH ST.
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

PEREZ ARVELO, LYDIA E
15870 NW 10TH ST.
PEMBROKE PINES, FL 33028 US

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: LYDIA ARVELO

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARVELO, LYDIA E
Address: 15870 NW 10TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD () Delete
Name: PEREZ, YAZMIN G
Address: 15870 NW 10TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: PEREZ, RAMON E
Address: 15870 NW 10TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ ARVELO, LYDIA E
Address: 15870 NW 10TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

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: LYDIA ARVELO

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date