2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# P03000005256

Entity Name: STRATEGIC MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

1500 CORPORATE CENTER WAY
202BE
WELLINGTON, FL 33414 US

New Principal Place of Business:

11925 SUELLEN CIRCLE
WELLINGTON, FL 33414 US

Current Mailing Address:

1500 CORPORATE CENTER WAY
202E
WELLINGTON, FL 33414 US

New Mailing Address:

11925 SUELLEN CIRCLE
WELLINGTON, FL 33414 US

FEI Number: 32-0053301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAYAKUMAR, MADABUSI
1500 CORPORATE CENTER WAY
202E
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

JAYAKUMAR, MADABUSI
11925 SUELLEN CIRCLE
WELLINGTON, FL 33414 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: JAYAKUMAR MADABUSI 01/10/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VENKATASUBRAMANIAM, LAXMAN
Address: 8220 SPRING RIDGE DRIVE
City-St-Zip: PLANO, TX 75025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: VENKATASUBRAMANIAM LAXMAN D 01/10/2007
Electronic Signature of Signing Officer or Director Date