2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 AM Secretary of State

ANNUAL REPORT			Jan 14, 2000 00.00		
DOCUMENT # P03000062015			Secr	etary of Sta	
1. Entity Name CONSORTIUM MEDICAL MANAGEMENT, INC.					
	2147, 1140.				
Principal Place of Business	Mailing Address				
3001 ROCKVILLE LANE 3001 ROCKVILLE LANE					
ROYAL PALM BEACH, FL 33411	ROYAL PALM BEACH, FL 334	11			
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		201 40 10 10	4. FEI Number 01-0786757	Applied For Not Applicable	
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6. Name and Address of Current Registered Agent			16	1 · · · · \$6 · · ·	
CARTER, KEVINT		100			
3001 ROCKVILLE LANE		5.0	DO NOT WRIT		
ROYAL PALM BEACH, FL 33411		to the state of	IN THIS SPACE		
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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.	re purpose or changing its register	ed office of register	ed agent, or both, in the state of Florida. Tan	namilar with, and accept	
SIGNATURE					
Signature typed or printed name of registered agent and title if applicable (INOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. OFFICERS AND DI	RECTORS	1 34. 5		, , , , , , , , , , , , , , , , , , , ,	
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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 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:

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/08 56/-798 -