

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 25, 2012
Secretary of State**

DOCUMENT# P03000119748

Entity Name: AMERICAN MEDICAL MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

2020 NE 48TH COURT
FT. LAUDERDALE, FL 33308 US

Current Mailing Address:

New Mailing Address:

2020 NE 48TH COURT
FT. LAUDERDALE, FL 33308 US

FEI Number: 55-0849726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DUBROW DUKER & ASSOCIATES, P.A.
5401 N. UNIVERSITY DRIVE
204
CORAL SPRINGS, FL 33067 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: MCCLINTOCK, BRIAN
Address: 2020 NE 48TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: TREA
Name: MCCLINTOCK, BRIAN
Address: 2020 NE 48TH CT
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: SEC
Name: MCCLINTOCK, BRIAN
Address: 2020 N.E. 48TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: PRES
Name: MCCLINTOCK, BRIAN
Address: 2020 N.E. 48TH COURT
City-St-Zip: FORTLAUDERDALE, FL 33308

Title: COO
Name: MCCLINTOCK, BRIAN
Address: 2020 N.E. 48TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DIR
Name: MCCLINTOCK, BRIAN
Address: 2020 N.E. 48TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: BRIAN MCCLINTOCK

CEO

06/25/2012

Electronic Signature of Signing Officer or Director

Date