

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016405

FILED  
Jun 15, 2005  
Secretary of State

Entity Name: PRECISION MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

20101 NW 84TH AVE.  
HIALEAH, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

20101 NW 84TH AVE.  
HIALEAH, FL 33015

**New Mailing Address:**

FEI Number: 33-1082730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WITTER, SHERYL T  
20101 NW 84TH AVE.  
HIALEAH, FL 33015 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WITTER, SHERYL T  
Address: 20101 NW 84TH AVE.  
City-St-Zip: HIALEAH, FL 33015

Title: D ( ) Delete  
Name: ANGLIN, LENWORTH  
Address: 13730 S2 127TH CT  
City-St-Zip: MIAMI, FL 33186

**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: LENWORTH ANGLIN

PD

06/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date