

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056227

FILED
Jul 29, 2007
Secretary of State

Entity Name: ASSOCIATE MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

1663 GEORGIA STREET NE
SUITE 500
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

1663 GEORGIA STREET NE
SUITE 500
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 20-0999423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EVANS, MORRIS
1713 MANOR DRIVE NE
PALM BAY, FL 32905 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: PCEO () Delete
Name: EVANS, MORRIS
Address: 1713 MANOR DRIVE NE
City-St-Zip: PALM BAY, FL 32905

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 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: MORRIS EVANS

PCEO

07/29/2007

Electronic Signature of Signing Officer or Director

Date