

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056227

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ASSOCIATE MEDICAL MANAGEMENT, INC.

## Current Principal Place of Business:

2105 PALM BAY RD, NE  
1-W  
PALM BAY, FL 32905

## New Principal Place of Business:

## Current Mailing Address:

2105 PALM BAY RD, NE  
1-W  
PALM BAY, FL 32905

## 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:

EVANS, LENA  
1713 MANOR DRIVE NE  
PALM BAY, FL 32905      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: LENA D. EVANS

04/23/2009

Electronic Signature of Registered Agent

Date

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

04/23/2009

Electronic Signature of Signing Officer or Director

Date