

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90158 015 \*\*\*150.00

<b>DOCUMENT # P04000106789</b>					
1. Entity Name <b>MEMBERSHIP MEDICAL MANAGEMENT COMPANY, INC.</b>					
Principal Place of Business <b>2702 TAMPA ROAD PALM HARBOR, FL 34684</b>		Mailing Address <b>2702 TAMPA ROAD PALM HARBOR, FL 34684</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>10-1381355</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>AGIN, BRENT J MD 1856 SPRINGWOOD CIRCLE SOUTH CLEARWATER, FL 33763</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code
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					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>COO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AGIN, BRENT J MD</b>		NAME		
STREET ADDRESS	<b>1856 SPRINGWOOD CIRCLE SOUTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM HARBOR, FL 33763</b>		CITY-ST-ZIP		
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>O'NEAL, MICHAEL L DO</b>		NAME		
STREET ADDRESS	<b>1430 SEAGULL DRIVE # 206</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>		CITY-ST-ZIP		
TITLE	<b>TRES</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHEWCASKIE, STEVE</b>		NAME		
STREET ADDRESS	<b>146 BUENA VISTA DRIVE NORTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>		CITY-ST-ZIP		
TITLE	<b>CTO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARMON, STEVE</b>		NAME		
STREET ADDRESS	<b>284 CYPRESS TRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34688</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Brent Agin MD</i>			Date: <i>5-1-05</i> Daytime Phone #: <i>727-423-8466</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					