


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90028 006 ***150.00

DOCUMENT # P04000106789 1. Entity Name MEMBERSHIP MEDICAL MANAGEMENT COMPANY, INC.	
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Principal Place of Business 2702 TAMPA ROAD PALM HARBOR, FL 34684	Mailing Address 2702 TAMPA ROAD PALM HARBOR, FL 34684
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04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1381355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent O'NEAL, MICHAEL L DO 1430 SEAGULL DR #206 PALM HARBOR, FL 34685 2702 Tampa Rd PALM HARBOR, FL 34684	DO NOT WRITE IN THIS SPACE
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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 <i>MON L.</i> <small>Signature, typed or printed name of registered agent and use 2 applicable.</small>	<i>Michael O'Neal</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<i>4/8/08</i> DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO O'NEAL, MICHAEL L DO 1430 SEAGULL DRIVE #206 PALM HARBOR, FL 34685 2702 TAMPA RD PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES CHEWCASKIE, STEVE 146 BUENA VISTA DRIVE NORTH DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO HARMON, STEVE 284 CYPRESS TRACE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>MON L.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Michael O'Neal</i>	<i>4/8/08</i> Date	<i>727 784 8849</i> Daytime Phone #