

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121283

Entity Name: ALLSTATE MEDICAL MANAGEMENT, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

7000 BOCA CIEGA DRIVE
ST. PETE BEACH, FL 33706

New Principal Place of Business:

6860 GULFPORT BLVD. SOUTH
325
SOUTH PASADENA, FL 33707

Current Mailing Address:

7000 BOCA CIEGA DRIVE
ST. PETE BEACH, FL 33706

New Mailing Address:

6860 GULFPORT BLVD. SOUTH
325
SOUTH PASADENA, FL 33707

FEI Number: 56-2529362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SARGEN, SHAUN
5625 29TH AVENUE S
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

SARGEN, SHAUN
6860 GULFPORT BLVD. SOUTH
325
SOUTH PASADENA, FL 33707 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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EMEGBAGHA, H. ELENA
Address: 7000 BOCA CIEGA DRIVE
City-St-Zip: ST. PETERSBURG, FL 33706

Title: VP () Delete
Name: SARGEN, SHAUN
Address: 5625 29TH AVENUE S
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EMEGBAGHA, H. ELENA
Address: 6860 GULFPORT BLVD. SOUTH # 325
City-St-Zip: SOUTH PASADENA, FL 33707

Title: VP (X) Change () Addition
Name: SARGEN, SHAUN
Address: 6860 GULFPORT BLVD. SOUTH #325
City-St-Zip: SOUTH PASADENA, FL 33707

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: ELENA EMEGBAGHA

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date