2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154927

FILED
Apr 30, 2006
Secretary of State

Entity Name: MEDICAL ASSISTANCE MANAGEMENT, INC.

Current Principal Place of Business:

2112 TYLER STREET
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2112 TYLER STREET
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 20-3827568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASANOVA, RENE
2924 SW 92ND COURT
MIAMI, FL 33165 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASANOVA, RENE
Address: 2924 SW 92ND COURT
City-St-Zip: MIAMI, FL 33165 US

Title: VP ( ) Delete
Name: PETILLO, MICHAEL
Address: 45 TUMBLEBROOK ROAD
City-St-Zip: WOODBRIDGE, CT 06525 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: OFFICER P 04/30/2006
Electronic Signature of Signing Officer or Director Date