

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017280

FILED
Mar 16, 2011
Secretary of State

Entity Name: MEDICAL MANAGEMENT OPTIONS, INC.

Current Principal Place of Business:

657 FLAMINGO DRIVE
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

657 FLAMINGO DRIVE
APOLLO BEACH, FL 33572 US

New Mailing Address:

FEI Number: 03-0505434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWALSTAD, CLAYTON R
657 FLAMINGO DRIVE
APOLLO BEACH, FL 33572 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

OFFICERS AND DIRECTORS:

Title: P
Name: SWALSTAD, CLAYTON R
Address: 657 FLAMINGO DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

I hereby 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 all other like empowered.

SIGNATURE: CLAYTON SWALSTAD

P

03/16/2011

Electronic Signature of Signing Officer or Director

Date