
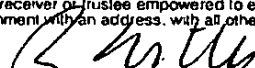


FILED
May 24, 2007 8:00 am
Secretary of State

DOCUMENT # P06000127964			
1. Entity Name DOCTORS FAMILY MEDICAL MANAGEMENT COMPANY, INC.			
Principal Place of Business 5535 MEMORIAL HIGHWAY TAMPA, FL 33634		Mailing Address 5535 MEMORIAL HIGHWAY TAMPA, FL 33634	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
10. OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	MILLER, JERRY		
STREET ADDRESS	700 IVES DAIRY RD		
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179		
TITLE	P BRUCE RISHITY	<input type="checkbox"/> Delete	
NAME	5535 MEMORIAL Highway		
STREET ADDRESS	TAMPA, FL 33634		
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
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TITLE		<input type="checkbox"/> Delete	
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CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			