

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000013527

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** INDEPENDENT MEDICAL MANAGEMENT ASSOCIATION INC

**Current Principal Place of Business:**

1711 NW 38TH AVE  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

2606 BELMONT LANE  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

1711 NW 38TH AVE  
LAUDERHILL, FL 33313

**New Mailing Address:**

2606 BELMONT LANE  
NORTH LAUDERDALE, FL 33068

**FEI Number:** 27-4842627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KNIGHTS, CLIFFORD W II  
2606 BELMONT LANE  
NORTH LAUDERDALE, FL 33068 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: CEO  
Name: KNIGHTS, CLIFFORD W II  
Address: 2606 BELMONT LANE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: COO  
Name: VIXAMAR, STEVE  
Address: 3461 NW 44TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33309 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: CLIFFORD W. KNIGHTS II

CEO

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date