FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # **P22968** **(2)**

1. Corporation Name
MEDICAL MANAGEMENT OF AMERICA, INC.

Principal Place of Business	Mailing Address
980 NORTH MICHIGAN AVENUE SUITE 1665 CHICAGO IL 60611	980 NORTH MICHIGAN AVENUE SUITE 1665 CHICAGO IL 60611-4501

3. Date Incorporated or Qualified: 02/13/1989
3a. Date of Last Report: 01/19/1996
4. FEI Number: 98-3565165 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.042, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DESNICK, JAMES H M.D.	12 NAME	
STREET ADDRESS	980 N. MICHIGAN AVE., SUITE 1665	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	14 CITY-ST-ZIP	
TITLE	V ☐ DELETE	21 TITLE	☑ Change ☐ Addition
NAME	JACOBSON, ROBERT K	22 NAME	Phillip J. Robinson
STREET ADDRESS	980 N. MICHIGAN AVE., SUITE 1665	23 STREET ADDRESS	980 N. Michigan Ave Suite 1665
CITY-ST-ZIP	CHICAGO IL 60611	24 CITY-ST-ZIP	Chicago, IL 60611
TITLE	S ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	GEO-KARIS, ADELINE J	32 NAME	
STREET ADDRESS	980 N. MICHIGAN AVE., SUITE 1665	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	34 CITY-ST-ZIP	
TITLE	T ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	VINCELLI, ROSA	42 NAME	no change
STREET ADDRESS	980 N. MICHIGAN AVE., SUITE 1665	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	44 CITY-ST-ZIP	
TITLE	D ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	DESNICK, AHUVA K	52 NAME	
STREET ADDRESS	980 N. MICHIGAN AVE., SUITE 1665	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phillip J Robinson