


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P22968 (2) 1. Corporation Name MEDICAL MANAGEMENT OF AMERICA, INC.					
Principal Place of Business 980 NORTH MICHIGAN AVENUE SUITE 1685 CHICAGO IL 60611			Mailing Address 980 NORTH MICHIGAN AVENUE SUITE 1685 CHICAGO IL 60611		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
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 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	DELETE	1.1 TITLE	Change Addition	
NAME	DESNICK, JAMES H M.D.		1.2 NAME		
STREET ADDRESS	980 N. MICHIGAN AVE., SUITE 1685		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2.1 TITLE	Change Addition	
NAME	ROBINSON, PHILLIP J		2.2 NAME		
STREET ADDRESS	980 N. MICHIGAN AVE., SUITE 1685		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		2.4 CITY-ST-ZIP		
TITLE	S	DELETE	3.1 TITLE	Change Addition	
NAME	GEO-KARIS, ADELINE J		3.2 NAME		
STREET ADDRESS	980 N. MICHIGAN AVE., SUITE 1685		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		3.4 CITY-ST-ZIP		
TITLE	T	DELETE	4.1 TITLE	Change Addition	
NAME	VINCELLI, ROSA		4.2 NAME		
STREET ADDRESS	980 N. MICHIGAN AVE., SUITE 1685		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE	Change Addition	
NAME	DESNICK, AHUVA K		5.2 NAME		
STREET ADDRESS	980 N. MICHIGAN AVE., SUITE 1685		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60611		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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: _____

Rosa M. Vinelli, Treasurer 1/28/98 312 337 9000

CR2E034 (10/97)