

FILE NO. FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAR -1 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P92000013520 (1)
1. Corporation Name
CONCORDE MEDICAL MANAGEMENT, INC.

Principal Place of Business 107 PLANTERS ROW WEST SUITE 307 PONTE VEDRA BEACH FL 32082 US	Mailing Address 107 PLANTERS ROW WEST SUITE 307 PONTE VEDRA BEACH FL 32082 US
---	---

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 107 PLANTERS ROW WEST Suite, Apt. #, etc. 22 City & State 23 PONTE VEDRA BEACH, FL. Zip 24 32082	2a. Mailing Address 25 107 PLANTERS ROW WEST Suite, Apt. #, etc. 26 City & State 27 PONTE VEDRA BEACH, FL. Zip 28 32082 Country 29 USA	3. Date incorporated or Qualified 12/22/1992	3a. Date of Last Report 06/14/1994
--	---	--	--

4. FEI Number 59-3168699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**VANNORTWICK, WILLIAM A JR
3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name BARBARA JOHNSTON
82 Street Address (P.O. Box Number is Not Acceptable) 3000 INDEPENDENT SQUARE
83
84 City JACKSONVILLE
85 Zip Code FL 32202

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 *Barbara Johnston* DATE **2/20/95**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, MARVIN H 107 PLANTERS ROW WEST PONTE VEDRA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, RONALD, J., 3740 BEACH BLVD. #307 JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDBERG, SARA G 107 PLANTERS ROW WEST PONTE VEDRA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Marvin H. Goldberg Pres.* DATE: **6 FEB. 1995** ID: **904-205-9979**

MARVIN H. GOLDBERG