FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 21 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000005639 (8)

1. Corporation Name
DIVERSIFIED MEDICAL MANAGEMENT SERVICES, INC.

Principal Place of Business
~~9855 N. KENDALL DRIVE~~
~~STE. 206~~
~~MIAMI FL 33176~~

Mailing Address
~~9855 N. KENDALL DRIVE~~
~~STE. 206~~
~~MIAMI FL 33176~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0381098	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business
21 11525 N. Kendall Drive
22 (Suite) Apt. #, etc. 306
23 City & State: Miami, FL
24 Zip: 33186 25 Country:

2a. Mailing Address
26 11525 N. Kendall Drive
27 (Suite) Apt. #, etc. 306
28 City & State: Miami, FL
29 Zip: 33186 30 Country:

9. Name and Address of Current Registered Agent

CROSS, DEE L
~~9855 N. KENDALL DRIVE~~
~~STE. 206~~
~~MIAMI FL 33176~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 11525 N. Kendall Drive, Suite 306
83
84 City: Miami FL 85 Zip Code: 33186

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] Dee L. Cross, President/Director
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	D	1.1 TITLE	☒ Change ☐ Addition
NAME	CROSS, DEE L	1.2 NAME	
STREET ADDRESS	~~9855 N. KENDALL DRIVE, STE. 206~~	1.3 STREET ADDRESS	11525 N. Kendall Drive, Suite 306
CITY ST ZIP	~~MIAMI FL 33176~~	1.4 CITY ST ZIP	Miami, FL 33186
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	[initials] 4/25

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 119.07(3)(k), 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: [signature] Dee L. Cross, President/Director (305) 273-9606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0192009 CP