

FILE NOW: FILING FEE AFTER MAY 1 IS \$30.00

PROFESSIONAL CORPORATION
ANNUAL REPORT
1997 Amended

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

FILED

97 OCT 28 AM 11:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

REB medical medical MANAGEMENT, Inc.

new name: Walters Medical Management, Inc.

Principal Place of Business

Mailing Address

1136 S.E THIRD AVENUE Suite 200
FT. LAUDERDALE, FL 33316

3. Date Incorporated or Qualified

1993

3a. Date of Last Report

1997 / March

2. Principal Place of Business

21 1136 S.E THIRD Ave

2a. Mailing Address

26 SAME
FT. LAUDERDALE, FLA

4. FEI Number

65-0400-3476

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

22 City & State

23 Ft. LAUDERDALE, FL

24 Zip

33316

25 Country

25 U.S.A.

27 City & State

28

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

85 State

86 Zip Code

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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: *Liliane Walters*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

08-25-97

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT / OWNER
NAME: ~~Liliane Walters~~ Rick BRUNS
STREET ADDRESS: 1136 S.E THIRD AVENUE
CITY - ST - ZIP: FT. LAUDERDALE, FL 33316

TITLE: ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY - ST - ZIP: ☐ DELETE

TITLE: ☐ DELETE

NAME: ☐ DELETE

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CITY - ST - ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Walters medical mgmt, Inc ☐ Change ☐ Addition

12 NAME: Liliane Walters - Pres - owner

13 STREET ADDRESS: 1136 S.E THIRD AVENUE #200

14 CITY - ST - ZIP: FT. LAUDERDALE, FL 33316

21 TITLE: ☐ Change ☐ Addition

22 NAME: ☐ Change ☐ Addition

23 STREET ADDRESS: ☐ Change ☐ Addition

24 CITY - ST - ZIP: ☐ Change ☐ Addition

31 TITLE: ☐ Change ☐ Addition

32 NAME: ☐ Change ☐ Addition

33 STREET ADDRESS: ☐ Change ☐ Addition

34 CITY - ST - ZIP: ☐ Change ☐ Addition

41 TITLE: ☐ Change ☐ Addition

42 NAME: ☐ Change ☐ Addition

43 STREET ADDRESS: ☐ Change ☐ Addition

44 CITY - ST - ZIP: ☐ Change ☐ Addition

51 TITLE: ☐ Change ☐ Addition

52 NAME: ☐ Change ☐ Addition

53 STREET ADDRESS: ☐ Change ☐ Addition

54 CITY - ST - ZIP: ☐ Change ☐ Addition

61 TITLE: ☐ Change ☐ Addition

62 NAME: ☐ Change ☐ Addition

63 STREET ADDRESS: ☐ Change ☐ Addition

64 CITY - ST - ZIP: ☐ Change ☐ Addition

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FVS NOV 4, 1997

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: *Liliane Walters* 08-25-97 954-7648563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)