

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

FILED  
Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000034112 (1)

1. Corporation Name

MEDICAL MANAGEMENT & RESEARCH, INC.

Principal Place of Business

1910 OAKDALE LANE N.  
CLEARWATER FL 34624

Mailing Address

1901 OAKDALE LANE N.  
CLEARWATER FL 34624-6443



|                                |                          |
|--------------------------------|--------------------------|
| 2. Principal Place of Business | 2a. Mailing Address      |
| 21 7527 Ulmerton Rd            | 26 1901 Oakdale Ln North |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc.   |
| 23 Largo FL                    | 28 Clearwater FL         |
| 24 33771                       | 29 34624                 |
| 25 USA                         | 30 USA                   |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report                                  |
| 05/11/1993  | 02/02/1996   |
| 4. FEI Number   | Applied For  |
| 59-3181309  | Not Applicable   |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                           |
| <input type="checkbox"/>  |  |
| 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees                              |
| <input type="checkbox"/>  |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

WEISEL, HOLLY KAY  
1901 OAKDALE LANE NORTH  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name WEISEL, Holly KAY  
82 Street Address (P.O. Box Number is Not Acceptable) 1901 OAKDALE LANE No.  
83  
84 City Clearwater FL 85 Zip Code 34624

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | VP                | <input type="checkbox"/> DELETE |
| NAME           | WEISEL, RANDALL   |                                 |
| STREET ADDRESS | 1901 OAKDALE LANE |                                 |
| CITY-ST-ZIP    | CLEARWATER FL     |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | 1901 Oakdale Ln. No.   |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | PRESIDENT  |
| 2.3 STREET ADDRESS | Holly Kay WEISEL   |
| 2.4 CITY-ST-ZIP    | 1901 Oakdale Ln No   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | Clearwater FL 34624  |
| 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           | 900002133253   |
| 6.3 STREET ADDRESS | -04/04/97--01003--002  |
| 6.4 CITY-ST-ZIP    | ***165.00  |

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.

CR2E034 (9/96)