

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P93000035985

1. Corporation Name

UNITED MEDICAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
05/19/1993

3a. Date of Last Report
1996

2. Principal Place of Business
21 927 45th Street

2a. Mailing Address
26 1309 N. Flagler Drive

4. FEI Number
65-0411265

Applied For
Not Applicable

State And #, etc.

Suite Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

22 City & State
23 West Palm Beach, FL

27 City & State
28 West Palm Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip Country
33407 25 Palm Beach

29 Zip Country
33401 30 Palm Beach

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
Valerie G. Larcombe
82 Street Address (P.O. Box Number is Not Acceptable)
1309 N. Flagler Drive
83
84 City
West Palm Beach FL 85 Zip Code
33401

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

4-30-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Johnson	
1.3 STREET ADDRESS	1309 N. Flagler Drive	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Phillip Dutcher	
2.3 STREET ADDRESS	1309 N. Flagler Drive	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Valerie G. Larcombe	
3.3 STREET ADDRESS	1309 N. Flagler Drive	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
4.1 TITLE	TD Frank Nask	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1309 N. Flagler Drive	
4.3 STREET ADDRESS	West Palm Beach, FL 33401	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 561 650 6223

Date

Daytime Phone #

CR2E034 (9/96)