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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000035985 (9)

1. Corporation Name

UNITED MEDICAL MANAGEMENT, INC.



Principal Place of Business

Mailing Address

927 45TH ST.
WEST PALM BEACH FL 33407
US

1309 NORTH FLAGLER DR.
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/19/1993

4. FEI Number

65-0411265

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LARCOMBE, VALERIE
1309 NORTH FLAGLER DR.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME DUTCHER, PHILLIP
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

CD
NAME JOHNSON, RICHARD
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

S
NAME LARCOMBE, VALERIE
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

TD
NAME NASK, FRANK
STREET ADDRESS 1309 NORTH FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Richard Johnson

2.3 STREET ADDRESS 1309 No. Flagler Drive

2.4 CITY-ST-ZIP West Palm Beach, FL 33401

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME Frederick Adler

5.3 STREET ADDRESS 1309 No. Flagler Drive

5.4 CITY-ST-ZIP West Palm Beach, FL 33401

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700002515787

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***1843.75

14. I 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

4/26/98 650-6238

CR2E034 (10/97)