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 MAY -1 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000049029 (0)**

1. Corporation Name
ALLIED MEDICAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1717 NORTH FLAGLER DRIVE SUITE 6 W. PALM BEACH FL 33407	1717 NORTH FLAGLER DRIVE SUITE 6 W. PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1993
3a. Date of Last Report: 08/11/1994
4. FEI Number: 65-0427709 — 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZEENA, WILLIAM JR.
5889 CATESBY STREET
BOCA RATON FL 33433

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DPVT
NAME	HODGE, W. ANDREW M.D.
STREET ADDRESS	1717 N. FLAGLER DR., STE. 6
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	S
NAME	HODGE, W. ANDREW M.D.
STREET ADDRESS	1717 N. FLAGLER DR., STE.6
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	D
NAME	KOCHMAN, RONALD S
STREET ADDRESS	5336 SEA BISCUIT ROAD
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	D
NAME	SCHINDLER, BRUCE L
STREET ADDRESS	5258 PRINCETON WAY
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Six blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition)

14. I hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/26/95 — DATE — DAYTIME PHONE

0246246 CP