

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000049029 (0)

1. Corporation Name

ALLIED MEDICAL MANAGEMENT, INC.



Principal Place of Business

1717 NORTH FLAGLER DRIVE
SUITE 6
W. PALM BEACH FL 33407

Mailing Address

1717 NORTH FLAGLER DRIVE
SUITE 6
W. PALM BEACH FL 33407

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
07/07/1993

3a. Date of Last Report
05/01/1995

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

10. Name and Address of New Registered Agent

81

Name

W. Andrew Hodge M.D.

82

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

1717 N. Flagler Drive - Ste. 9800

83

City

West Palm Beach

84

State

FL

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

W. Andrew Hodge

(NOTE: Registered Agent signature required when recording)

4/29/96

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

3/29/96

Date

Daytime Phone #

CR2E034 (12/95)