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 # P93000069647 (4)

1. Corporation Name
PROFESSIONAL MEDICAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
10959 SW 69 TERR MIAMI FL 33173 US	10959 SW 69 TERR MIAMI FL 33173 US

2. Principal Place of Business — 21 —; Suite, Apt. #, etc. 22 —; City & State 23 —; Zip 24 —; Country 25 —

2a. Mailing Address — 26 —; Suite, Apt. #, etc. 27 —; City & State 28 —; Zip 29 —; Country 30 —

3. Date Incorporated or Qualified: 10/01/1993
3a. Date of Last Report: 07/12/1995
4. FEI Number: 65-0441162 — [ ] 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

9. Name and Address of Current Registered Agent

FLORES, SANDRA
9870 SOUTHWEST 34TH STREET
MIAMI FL 33165

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: *Sandra Flores* — REGISTERED AGENT — DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PTD	FLORES, SANDRA	10959 SW 69 TERR	MIAMI FL	[ ] DELETE
VD	FLORES, VICTOR	10959 SW 69 TERR	MIAMI FL	[ ] DELETE
SD	STANDER, MAURICE	POST OFFICE BOX 3030 N/A	BOYNTON BEACH FL 33424	[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

No.	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
1					[ ] Change [ ] Addition
2					[ ] Change [ ] Addition
3					[ ] Change [ ] Addition
4					[ ] Change [ ] Addition
5					[ ] Change [ ] Addition
6					[ ] Change [ ] Addition

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: *Sandra Flores* *Sandra Flores* *3-21-96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)