FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

95 MAY -1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000008293 (0)**

1. Corporate Name

QUALITY MEDICAL MANAGEMENT, INC.

Principal Place of Business

3812 N.E. 209TH TERRACE
MIAMI FL 33180

Mailing Address

3812 N.E. 209TH TERRACE
MIAMI FL 33180

3. Date Incorporated or Qualified: 02/02/1994

3a. Date of Change

2. Corporate Mailing Address

21

2a. Mailing Address: 26 5401 Polk St

4. FEI Number: 65-0463269

Applied For / Not Applicable

Suite Apt. #

22

Suite Apt. #

27

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

City

23

City: 28 Hollywood FL

6. Certificate of Status Desired [ ] **$5.00** May Be Added to Fees

24 25 29 33021 30

8. The corporation is qualified to transact business in Florida. Yes X No

9. Name and Address of Current Registered Agent

SHEVLIN, BARRY T
1111 KANE CONCOURSE
SUITE 605
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, F.S., the Registered Agent named above has agreed to accept the appointment as registered agent and to comply with the provisions of all statutes relating to the proper and complete performance of his duties.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	DISKIN, ARTHUR L
Street Address	3812 N.E. 209TH TERR.
City, St, Zip	MIAMI FL 33180
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. ADDITIONAL OFFICERS AND DIRECTORS

TITLE	[ ] Change [ ] Add/Del
NAME	
Street Address	
City, St, Zip	
TITLE	[ ] Change [ ] Add/Del
NAME	
Street Address	
City, St, Zip	
TITLE	[ ] Change [ ] Add/Del
NAME	
Street Address	
City, St, Zip	
TITLE	[ ] Change [ ] Add/Del
NAME	
Street Address	
City, St, Zip	
TITLE	[ ] Change [ ] Add/Del
NAME	
Street Address	
City, St, Zip	
TITLE	[ ] Change [ ] Add/Del
NAME	
Street Address	
City, St, Zip	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or a receiver or trustee or other court appointed fiduciary pursuant to Section 607.0505, Florida Statutes; and that the facts stated in Block 12 or Block 13 hereof are the current officers and directors.

SIGNATURE: Arthur Diskin 4-26-95 (305) 989-7575

SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

0100117 CP