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 #

1. Corporation Name

P94000034772 (1)

PHYSICAL MEDICINE MANAGEMENT, INC.

Principal Place of Business Mailing Address								BIH 6501 85186 [1]		1811 18910 (184 186 1	
150 S.W. 12TH AVENUE SUITE 340 POMPANO BEACH FL 33069		8	150 S.W. 12TH AVENUE SUITE 340 POMPANO BEACH FL 33069								
		•	FOMPANO DENOTITE SAUS				3. Date incorporated or Qualified 05/09/1994		3a. Dale of Last Report 07/24/1995		
2. Principal Place 21		26	ailing Address				4. FEI Number 65-0500497	/		Applied For Not Applicable	
Suite, Apt. #,	etc.	27	oite, Apt. #, etc.				5. Certificate of Status Desired	X	Fee f	Additional Required	
City & State		28	ty & State				Election Campaign Financing Trust Fund Contribution		Adde	0 May Be d to Fees	
Zip 24	Country 25	29 Z ₁		30 COC	intry		8. This corporation has liability for Florida Statutes Ye. 10. Name and Address of New	S □No		199.032,	
	9. Name and Address of Curre	n Hegister	ео Адені		81	Name	10. Name and Address of New	negistered Ag	3111		
BERNSTEIN, BRUCE											
150 S. /	10			82	Street Ac	et Address (P.O. Box Number is Not Acceptable)					
	NO BEACH FL 33069				83						
					84	City			85 Ziş	p Code	
							poration submits this statement for the pr	FL [
SIGNATURE 54.	and accept the obligations of, Sociation specifications of the production of the principle of the second of principles of the second of the se	t and the day b	ats. N	TE Économie		t sajant na nag	wed vince solitating. ADDITIONS/CHANGES TO OF				
TITLE	DP		DELETE	1 1 1					Change	Addition	
STREET ADDRESS BERSTEIN, BRUCE 150 S. ANDREWS AVENUE, SU			12 NAME								
STREET ADDRESS	POMPANO BEACH FL 330	•	HU			ADDRESS					
CITY - ST - ZIP TITLE	DVST		["] DELETE	2 1 1	HY-S TILE	IT - ZIP		П	Change	Addition	
NAME	BEEBE, JOHN			221					,		
STREET ADDRESS	150 S. ANDREWS AVENUE POMPANO BEACH FL 330	4 0		2 3 STREET ADORESS							
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CITY - ST - ZIP				340	IIY - S	T - ZIP					
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NAME				42 N	AME						
STREET ADDRESS						ADDRESS					
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NAME				1	AME			_			
STREET ADDRESS						ADORESS	,	م حارا	, ,	do	
CITY-ST-ZIP						5F - ZIP		1-18-0	16	JK .	
certify that t oath; that I	he information indicated on this and	rual report o oration or th	r supplemental and le receiver or truste	nual report ee enipowe	is tru	ue and acci	y for the exemption stated in Section 11 urate and that my signature shall have th this report as required by Chapter 607, i	e same legal eff	ect as i	f made under	

SIGNATURE:

BRUCE BERNSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/16/96 954

954-757-0688 Dating Phone # CR2E034 (12/95)