

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000034772 (1)

1. Corporation Name
PHYSICAL MEDICINE MANAGEMENT, INC.



Principal Place of Business
150 SW 12TH AVENUE
SECOND FLOOR
POMPAÑO BEACH FL 33069

Mailing Address
150 SW 12TH AVENUE
SECOND FLOOR
POMPAÑO BEACH FL 33069-3298

3. Date Incorporated or Qualified
05/09/1994
3a. Date of Last Report
04/18/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26
27
28
29
30

4. FEI Number
65-0500497
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

BEEBE, JOHN W.
150 SW 12TH AVENUE
SECOND FLOOR
POMPAÑO BEACH FL 33069

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	XX DELETE	1.1 TITLE	D/P
NAME	BERNSTEIN, ROBERT	1.2 NAME	Bernstein, Robert
STREET ADDRESS	150 S. ANDREWS AVENUE, SUITE 340	1.3 STREET ADDRESS	150 S.W. 12th Avenue, Suite 201
CITY - ST - ZIP	POMPAÑO BEACH FL 33069	1.4 CITY - ST - ZIP	Pompano Beach, FL 33069
TITLE	DVST	2.1 TITLE	
NAME	BEEBE, JOHN	2.2 NAME	
STREET ADDRESS	150 S. ANDREWS AVENUE, SUITE 340	2.3 STREET ADDRESS	Suite 201
CITY - ST - ZIP	POMPAÑO BEACH FL 33069	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 in an attachment with an address.

SIGNATURE:

John W. Beebe, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0155143

CR2E034 (9/96)