

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000037496 (4)**

1. Corporation Name

ALL UNITED MEDICAL MANAGEMENT INC.



Principal Place of Business

**7700 W 24TH AVE
UNIT 14
HIALEAH FL 33016
US**

Mailing Address

**7700 W 24TH AVE
UNIT 14
HIALEAH FL 33016
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CABRERA, RAUL D
4201 S.W. 11TH ST.
MIAMI FL 33134**

3. Date Incorporated or Qualified

05/18/1994

3a. Date of Last Report

06/06/1995

4. FEI Number

65-0492977

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. 193.032
Florida Statutes

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Yes

☐

No

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 607.0109 and 607.1510, Florida Statutes, the above named corporation executes 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. The entity accepted the appointment as registered agent. I am familiar with, and accept the obligations of, sections 607.0109, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

CARMONA, MARIA C

STREET ADDRESS

7700 W 24TH AVE UNIT 14

CITY-STATE-ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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Change

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Addition

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Addition

14. I do hereby certify that the information supplied to this filing is true and correct 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 to an address.

SIGNATURE:

Maria C. Carmona / President / 3-29-96 / 819-9993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)