FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000058218 (6)**

1. Corporation Name

3450 MEDICAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3450 E FLETCHER AVENUE SUITE 120-A TAMPA FL 33613	3450 E FLETCHER AVENUE SUITE 120-A TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3259552 ☐ Applied For ☐ Not Applicable
21 3450 E. Fletcher Ave	26 3450 E. Fletcher Ave	
Suite, Apt. #, etc. 22 Suite 130	Suite, Apt. #, etc. 27 Suite 130	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 TAMPA FL	City & State 28 TAMPA, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 33613 25 USA	Zip / Country 29 33613 30 USA	8. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPRAGUE, PATRICK F 1904 EAST BUSCH BOULEVARD TAMPA FL 33612	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ABRAMS, MEL	12 NAME	
STREET ADDRESS	3450 E FLETCHER AVENUE, SUITE 250	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BARTLEY, VERNON	22 NAME	
STREET ADDRESS	3450 E FLETCHER AVENUE, SUITE 250	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MUENCHINGER, FREDERICK	32 NAME	
STREET ADDRESS	3450 E FLETCHER AVENUE, SUITE 250	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ALVERANGA, DENISE	42 NAME	
STREET ADDRESS	3450 E FLETCHER AVENUE, SUITE 250	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WARD, EUGENE A	52 NAME	
STREET ADDRESS	3450 E FLETCHER AVENUE, SUITE 250	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	COHEN, MARTIN	62 NAME	
STREET ADDRESS	3450 E FLETCHER AVENUE, SUITE 250	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 with an address.

SIGNATURE: _____ 3-20-94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #
813-972-2551

0296963 CP