

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 # P94000076986 (6)

1. Corporation Name
FLORIDA MEDICAL MANAGEMENT, INC.



Principal Place of Business: 1001 9TH AVENUE W BRADENTON FL 34205 US
Mailing Address: P. O. BOX 1030 BRADENTON FL 34206 US

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report: 06/22/1995

2. Principal Place of Business: 21 []
22 Suite, Apt. #, etc. []
23 City & State []
24 Zip [] 25 Country []
2a. Mailing Address: 26 46 N. WASHINGTON BLVD. 27 #1
28 SARASOTA FL
29 Zip 34236 30 Country []
4. FEI Number: 65-0528063
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: PATTERSON, JOHN, 46 N WASHINGTON BLVD #1, SARASOTA FL 34236
10. Name and Address of New Registered Agent: 81 Name [], 82 Street Address (P.O. Box Number is Not Acceptable) [], 83 [], 84 City [], 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] (NOTE: Registered Agent signature required when re-registering) DATE: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BARBERIO, ALLAN J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1858 RINGLING BLVD	1.2 NAME	
STREET ADDRESS	SARASOTA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MILES, WILLIAM G	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1858 RINGLING BLVD	2.2 NAME	
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P KING, JEFFREY L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1001 9TH AVENUE W	3.2 NAME	
STREET ADDRESS	BRADENTON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP BAUMANN, CHARLES R	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1858 RINGLING BLVD	4.2 NAME	
STREET ADDRESS	SARASOTA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S GEBHARD, H. DIETER	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1858 RINGLING BLVD.	5.2 NAME	
STREET ADDRESS	SARASOTA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T HOFFNER, DALE R	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1858 RINGLING BLVD.	6.2 NAME	
STREET ADDRESS	SARASOTA FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

[Signature] 4/30/96
JEFFREY L. KING, President

(941) 746-4040

Date: [] Daytime Phone #: []

CR2E034 (12/95)