

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 46 N. WASHINGTON BLVD.

Suite, Apt. #, etc.

27

City & State

28

SARASOTA FL

Zip

34236

Country

29

30

4. FEI Number

65-0528063

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

10. Name and Address of New Registered Agent

PATTERSON, JOHN
46 N WASHINGTON BLVD #1
SARASOTA FL 34236

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D BARBERIO, ALLAN J
STREET ADDRESS
1858 RINGLING BLVD
CITY-STATE-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
D MILES, WILLIAM G
STREET ADDRESS
1858 RINGLING BLVD
CITY-STATE-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
P KING, JEFFREY L
STREET ADDRESS
1001 9TH AVENUE W
CITY-STATE-ZIP
BRADENTON FL

TITLE ☐ DELETE

NAME
VP BAUMANN, CHARLES R
STREET ADDRESS
1858 RINGLING BLVD
CITY-STATE-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
S GEBHARD, H. DIETER
STREET ADDRESS
1858 RINGLING BLVD.
CITY-STATE-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
T HOFFNER, DALE R
STREET ADDRESS
1858 RINGLING BLVD.
CITY-STATE-ZIP
SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY L. KING, President

(941) 746-4040

Date

Daytime Phone #

CR2E034 (12/95)