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May 06 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 # P94000076986 (6)

1. Corporation Name

FLORIDA MEDICAL MANAGEMENT, INC.



Principal Place of Business

1001 9TH AVENUE W
BRADENTON FL 34205
US

Mailing Address

46 N. WASHINGTON BLVD.
#1
SARASOTA FL 34236-5977
US

2. Principal Place of Business

21 1301 SIXTH AVE. W.

Suite, Apt. #, etc.

22 SUITE 600

City & State

23 BRADENTON, FL

Zip

24 34205

Country

25 USA

2a. Mailing Address

26 1301 SIXTH AVE. W.

Suite, Apt. #, etc.

27 SUITE 600

City & State

28 BRADENTON, FL

Zip

29 34205

Country

30 USA

3. Date Incorporated or Qualified

10/17/1994

3a. Date of Last Report

05/01/1996

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

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

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME HOFFNER, DALE R
STREET ADDRESS 1858 RINGLING BLVD.
CITY - ST - 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 - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address.

SIGNATURE:

J. L. KING (JEFFREY L. KING) Pres. 4/26/97 911-747-4483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)