

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90001 043 ***550.00

DOCUMENT # **P95000001878**
Corporation Name
UNLIMITED MEDICAL MANAGEMENT GROUP, INC.



Principal Place of Business
30 W 20 AVE
4
HIALEAH FL 33016

Mailing Address
7080 W 20 AVE
B44
HIALEAH FL 33016
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		01/09/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		65-0550793	
City & State		City & State		Applied For	
28		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NIETO, LUIS 5500 W 21 CT STE 402 HIALEAH FL 33016				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		1.2 NAME	
ST-ZIP		1.3 STREET ADDRESS	
7336 S.W. 21ST STREET		1.4 CITY-ST-ZIP	
MIAMI FL 33155		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	<input type="checkbox"/> DELETE	2.2 NAME	
ET ADDRESS		2.3 STREET ADDRESS	
ST-ZIP		2.4 CITY-ST-ZIP	
5500 W. 21 CT., #402		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
HIALEAH FL 33016		3.2 NAME	
TD	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ET ADDRESS		3.4 CITY-ST-ZIP	
1040 S.W. 70TH AVENUE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MIAMI FL 33144		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ET ADDRESS		4.4 CITY-ST-ZIP	
ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
ET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		6.2 NAME	
ST-ZIP		6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I 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:

SIGNATURE REQUIRED

9/8/99 **208** **822-7706**

CR2E034 (5/99)