


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90041 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000004205		
1. Corporation Name E-Z MEDICAL MANAGEMENT, INC.		



Principal Place of Business 2499 GLADES RD. SUITE 109 BOCA RATON FL 33431 US	Mailing Address 2499 GLADES RD. SUITE 109 BOCA RATON FL 33431 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 950 NW 9TH COURT Suite, Apt. #, etc. 22 City & State 23 Zip 33486 Country	2a. Mailing Address 26 950 NW 9TH COURT Suite, Apt. #, etc. 27 City & State 28 Zip 33486 Country
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3. Date Incorporated or Qualified 01/18/1995	4. FEI Number 65-0585671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent 81 Name LORI H. ZELLER 82 Street Address (P.O. Box Number is Not Acceptable) 950 NW 9TH COURT 83 84 City BOCA RATON FL 85 Zip Code 33486
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11. Pursuant to the provisions of Sections 607.052 and 607.1506, 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]* DATE *5/25/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD <input type="checkbox"/> DELETE NAME ZELLER, LORI STREET ADDRESS 22613 MERIDIANA DRIVE CITY-STATE-ZIP BOCA RATON FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 950 NW 9TH COURT 1.4 CITY-STATE-ZIP BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **LORI H. ZELLER, PRES** DATE: **4-23-99** DAYTIME PHONE: **561-378-5777**

CR2E034 (1/98)