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Secretary of State
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4/2/...

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000004205

1. Entity Name
E-Z MEDICAL MANAGEMENT, INC.

66417390

Principal Place of Business	Mailing Address
5967 MICHAUX ST BOCA RATON, FL 33433-7201 US	5967 MICHAUX ST BOCA RATON, FL 33433-7201 US

02142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
19699 Waters Pond Ln	19699 Waters Pond Ln
Suite, Apt. #, etc. Unit 605	Suite, Apt. #, etc. Unit 605
City & State Boca Raton, FL	City & State Boca Raton, FL.
Zip 33434 Country USA	Zip 33434 Country USA

4. FEI Number 65-0585671 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZELLER, LORI H
950 NW 9TH CT
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name Zeller, Lori H
Street Address (P.O. Box Number is Not Acceptable) 19699 Waters Pond Ln.
Unit 605
City Boca Raton FL Zip Code 33434

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ZELLER, LORI 950 NW 9TH CT BOCA RATON, FL 33486	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAGS. Zeller, Lori 19699 Waters Pond Ln. unit 605 Boca Raton, FL 33434 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Mazza, Joyce 19699 Waters Pond Ln. unit 605 Boca Raton, FL 33434 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Lori H. Zeller 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #