

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064513 (1)

1. Corporation Name
REGENCY MEDICAL MANAGEMENT, INC.



Principal Place of Business: 1305 S. HICKORY STREET MELBOURNE FL 32901
Mailing Address: 1305 S. HICKORY STREET MELBOURNE FL 32901

3. Date Incorporated or Qualified: 08/21/1995
3a. Date of Last Report

2. Principal Place of Business
21. 604 E. Hibiscus
Suite, Apt. #, etc.: # 201
City & State: Melbourne, FL
24. Zip: 32901
25. Country: Breward

2a. Mailing Address
26. 604 E. Hibiscus
Suite, Apt. #, etc.: # 201
City & State: Melbourne, FL
28. Zip: 32901
30. Country: Breward

4. FEI Number Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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
KANCILIA, JOHN R
516 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent
81. Name: Kancilia, John R
82. Street Address (P.O. Box Number is Not Acceptable): 1686 W. Hibiscus
83.
84. City: Melbourne FL 85. Zip Code: 32901

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: _____ DATE: _____
Signature typed or printed name of registered agent or officer or director. (NOTE: Registered Agent signature required when re-appointing.)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERMANSDORFER, JOHN	
STREET ADDRESS	1305 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, ROBERT	
STREET ADDRESS	1305 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODWARD, CARLOS	
STREET ADDRESS	1305 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, PAUL	
STREET ADDRESS	1305 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, ROBERT	
STREET ADDRESS	1305 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Same	
3. STREET ADDRESS	604 E. Hibiscus Blvd, Suite 201	
4. CITY-ST-ZIP	Same	
2. TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Same	
2.3 STREET ADDRESS	604 E. Hibiscus Blvd, Suite 201	
2.4 CITY-ST-ZIP	Same	
3. TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same	
3.3 STREET ADDRESS	604 E. Hibiscus Blvd, Suite 201	
3.4 CITY-ST-ZIP	Same	
4. TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same	
4.3 STREET ADDRESS	604 E. Hibiscus Blvd, Suite 201	
4.4 CITY-ST-ZIP	Same	
5. TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Same	
5.3 STREET ADDRESS	604 E. Hibiscus Blvd, Suite 201	
5.4 CITY-ST-ZIP	Same	
6. TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Same	
6.3 STREET ADDRESS	604 E. Hibiscus Blvd, Suite 201	
6.4 CITY-ST-ZIP	Same	

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 checked on an attachment with an address.

SIGNATURE: *Robert J. Rogers, Jr.* 4-1-96 407-768-9914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)