

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000064513 (1)
 1. Corporation Name
REGENCY MEDICAL MANAGEMENT, INC.



Principal Place of Business 624 E. HIBISCUS #201 MELBOURNE FL 32901 US	Mailing Address 624 E. HIBISCUS #201 MELBOURNE FL 32901-3217 US
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3. Date Incorporated or Qualified 08/21/1995	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number APPLIED FOR 59-3341380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KANCILIA, JOHN R
1688 W. HIBISCUS
MELBOURNE FL 32901

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HERMANSDORFER, JOHN
STREET ADDRESS	624 E. HIBISCUS BLVD, SUITE 201
CITY - ST - ZIP	MELBOURNE FL 32901
TITLE	D <input type="checkbox"/> DELETE
NAME	COOPER, ROBERT
STREET ADDRESS	624 E. HIBISCUS BLVD, SUITE 201
CITY - ST - ZIP	MELBOURNE FL 32901
TITLE	D <input type="checkbox"/> DELETE
NAME	WOODWARD, CARLOS
STREET ADDRESS	624 E. HIBISCUS BLVD, SUITE 201
CITY - ST - ZIP	MELBOURNE FL 32901
TITLE	D <input type="checkbox"/> DELETE
NAME	KELLER, PAUL
STREET ADDRESS	624 E. HIBISCUS BLVD, SUITE 201
CITY - ST - ZIP	MELBOURNE FL 32901
TITLE	D <input type="checkbox"/> DELETE
NAME	ROGERS, ROBERT
STREET ADDRESS	624 E. HIBISCUS BLVD, SUITE 201
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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. (upon an attachment with an address.)

SIGNATURE: John D. Hermansdorfer DATE: 4/21/97 DAYTIME PHONE # 407-768-9914

CR2E034 (9/96)