

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1340 Medical Park Dr Suite, Apt. #, etc. 22 Suite 201 City & State 23 Melbourne, FL Zip Country 24 32901 25 US	2a. Mailing Address 26 1340 Medical Park Dr Suite, Apt. #, etc. 27 Suite 201 City & State 28 Melbourne, FL Zip Country 29 32901 30 US
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3. Date Incorporated or Qualified 08/21/1995	4. FEI Number 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	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 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: *Robert Rogers* Robert Rogers 1-9-98 407-768-9914

CP2E034 (10/97)