

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90002 002 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P950000664211
 1. Corporation Name
MEDICAL MANAGEMENT ENTERPRISES, INC.



Principal Place of Business 633 EAST COLONIAL DRIVE ORLANDO FL 32803	Mailing Address 633 EAST COLONIAL DRIVE ORLANDO FL 32803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1995	
21	22	26	27	4. FEI Number 59-3454799	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEARLMAN, CRAIG S 201 O-ORANGE AVE., SUITE 800 ORLANDO FL 32804				81 Name	PEARLMAN, CRAIG S		
				82 Street Address (P.O. Box Number is Not Acceptable)	940 HIGHLAND AVE		
				83			
				84 City	ORLANDO	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	<input type="checkbox"/> DELETE	1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, LOIS		1.2 NAME	DIR	
STREET ADDRESS	633 E COLONIAL DRIVE		1.3 STREET ADDRESS	327 FRESHWATER CT.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RICHARD		2.2 NAME		
STREET ADDRESS	633 E. COLONIAL DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Lois Adams **SIGNATURE REQUIRED** 0/29/99 (407) 898-4427
 LOIS ADAMS PRES/CEO Date Daytime Phone #

CR2E034 (5/99)