FILED

200,2 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # P95000066421 **Secretary of State** 1. Entity Name MEDICAL MANAGEMENT ENTERPRISES, INC. 02-13-2002 90201 026 ***150.00 Principal Place of Business Mailing Address 633 EAST COLONIAL DRIVE 633 EAST COLONIAL DRIVE ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3454799 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEARLMAN, CRAIG'S Street Address (P.O. Box Number is Not Acceptable) 940 HIGHLAND AVE ORLANDO FL 32803 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDS *ITLE (9/01)☐ Delete TITLE Change ☐ Addition ADAMS, LOIS NAME NAME STREET ADDRESS 633 E COLONIAL DRIVE CR2E034 STREET ADDRESS ORLANDO FL CITY-ST-ZIP CJTY-ST-ZIP TITLE VD. ☐ Delete TITLE Change ☐ Addition BISZICK, MERYL NAME STREET ADDRESS 327 FRESHWATER CT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-23-02 407-898-4427