

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000066421

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL MANAGEMENT ENTERPRISES, INC.

**Current Principal Place of Business:**

3901 E COLONIAL DR  
SUITE A  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

3901 E COLONIAL DR  
SUITE A  
ORLANDO, FL 32803

**New Mailing Address:**

3901 E COLONIAL DR  
SUITE A  
ORLANDO, FL 32803 US

**FEI Number:** 59-3454799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEARLMAN, CRAIG S  
2 SOUTH ORANGE AVE.  
2ND FL  
ORLANDO, FL 32802 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDST  
Name: ADAMS, LOIS  
Address: 3901 E COLONIAL DR  
City-St-Zip: ORLANDO, FL 32803 US

Title: VPD  
Name: BISZICK, MERYL  
Address: 327 FRESHWATER CT  
City-St-Zip: ORLANDO, FL 32825 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: N. LOIS ADAMS

PRES

02/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date