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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

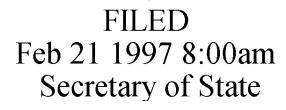
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000066669 (9)

MEDICAL MANAGEMENT SOLUTIONS, INC.





Principal Place	r of Business	Mailing Add	Mailing Address				n comprome som norm) detre mittel morre marre marre matter mitte mitte meter meter meter meter mitte aller.				
5150 BAYOU BLVD.			5150 BAYOU BLVD.								
SUITE 2-A	80500		SUITE 2-A PENSACOLA FL 32503-2190								
PENSACOLA FL	. 32503	PENSACULA	PL 32303-2180				3. Date Incorporated or	Qualified	3a Dat	e of Last F	Papart 7
							08/29/1995	Qualined		4/1996	seport .
	ace of Business	2a. Mailing	Address			14	4. FEI Number			A	pplied For
21		26					<u>59-3345169</u>		***		ot Applicable
Suite, Apt ≢ 22	#, etc.	Suite, Ap	ot. #, etc.			1	6. Certificate of Status D	esired			Additional equired
City & State	!	City & S	tate				B. Election Campaign Fi	nancing	/	\$5.00	May Be
23		28					Trust Fund Contribution	on			to Fees
Zip	Zip Country		Zip Country			1	B. This corporation has	liability for in	tangible t	ax under s	s. 199.032,
24	25	29	3	30			Florida Statutes		Yes [] No	
	9. Name and Address of Cur	rent Registered Ag	ent				0. Name and Address	of New Reg	istered A	gent	
HOB	GOOD, S. RANDALL			81	Nan	ne					
5150	BAYOU BLVD.			82	Stre	et Address	(P.O. Box Number is No	t Accentabl	e)		
SUIT	'E 2-A						(1.0. Dox Harrison to He	. , , , , , , , , , , , , , , , , , , ,	·,		
PEN	SACOLA FL 32503			83							
				84	City	'			FL	85 Zip	Code
44 Descript	o the provisions of Sections 607.0	1500 and 607 4500	Florida Statidas	the ebest	<u> </u>		in a bala this statemen		*		
off-ce or re	co-stered agent, or both, in the St	ate of Florida. Such	change was au	thorized by	v the c	eo corporation's	on submits this statement board of directors. I he	m for the pureby accept	the appo	onanging i vintment as	is registered
agent Fair	ni familiar with, and accept the ob	ligations of, Section	607.0505, Flori	ida Statute	\$.						
SIGNATURE										*********	
12.	Stignature: typed or printed name of registered		(NOTE:	Registered Age	ent eigna	ature required wh	en reinstating) ADDITIONS/CHANGES	TO OFFICE	DATE	DIRECTO	DC 1N 40
101.F	D	AND DIRECTORS	DELETE	1.1 TITLE			ADDITIONS/CHANGE) TO OFFICE	טאוא פחב	Change	Addition
	HOBGOOD, S. RANDALL					1			,	creatige	L Addition
NAME		0.4		1.2 NAME		_					
STREET ADORESS	5150 BAYOU BLVD., SUITE	Z-M		1.3 STREET		SS					
CHY S1-ZIP	PENSACOLA FL 32503		T DELETE	1.4 CITY - S	ST-ZIP				,		1 1 2 2 2 2 2
TITLE		L	DELETE	2.1 TITLE					1	L. Change	Addition
NAME				2.2 NAME							
STREET ADORESS				2.3 STREET	(ADDRE:	\$\$					
CDY-5T-ZIP				2. 4 CITY -	ST-ZIP	<u> </u>					
UTLE		Ļ	_] DELETE	3.1 TITLE					1	L Change	Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET	i addre:	SS, .					
CITY- ST 70°			100,000	3.4. CITY -	ST-ZIP						
TITLE		L	DELETE	4.1 TITLE					l	Change	Addition
NAME				4. 2 NAME		,					
SPREET ADDRESS				4.3 STREET	F ADDRE	ss					
CHY-ST-ZiP		<u>.</u>		4.4 CITY - S	ST - ZIP	1			• • • • • • • • • • • • • • • • • • • •		
UTLE		Į.] DELETE	5.1 TITLE					- 1	Change	Addition
NAMI				5.2 NAME							
STREET ADDRESS				5.3 STREET	ADDRE:	ss					
City-St-7.9			4	5.4 CITY - S	ST-ZIP						
1111.6] DELETE	6.1 TITLE						Change	Addition
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET	ADDRE:	ss					
CITY -S1 - 7/9				6.4 CITY - 9	ST-ZIP						

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 an 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.