

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000073816 (7)**
1. Corporation Name

ANCHOR MEDICAL MANAGEMENT COMPANY, INC.



Principal Place of Business: **1300 PARK OF COMMERCE BLVD. SUITE 201 DELRAY BEACH FL 33445**
Mailing Address: **1300 PARK OF COMMERCE BLVD. SUITE 201 DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified: **09/22/1995**
3a. Date of Last Report
4. FEI Number: **65-0611603**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt #, etc
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt #, etc
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent

**KOHAN, MELVIN S DR
1300 PARK OF COMMERCE BLVD, SUITE 201
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOHAN, MELVIN S DR	
STREET ADDRESS	1300 PARK OF COMMERCE BLVD, SUITE 201	
CITY - ST - ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAXE, SUSAN E DR	
STREET ADDRESS	1300 PARK OF COMMERCE BLVD, SUITE 201	
CITY - ST - ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEIMAN, DONALD F DR	
STREET ADDRESS	1300 PARK OF COMMERCE BLVD, SUITE 201	
CITY - ST - ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

8/15/96