

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90167 018 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000073816**

1. Corporation Name  
**ANCHOR MEDICAL MANAGEMENT COMPANY, INC.**



Principal Place of Business	Mailing Address
<del>1300 PARK OF COMMERCE BLVD, SUITE 201 DELRAY BEACH FL 33445</del> 9750 N.W. 33 STREET CORAL SPRINGS, FLORIDA 33065	<del>1300 PARK OF COMMERCE BLVD, SUITE 201 DELRAY BEACH FL 33445</del> 9750 N.W. 33 STREET CORAL SPRINGS, FLORIDA 33065

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	Applied For
09/22/1995	<input type="checkbox"/> Not Applicable
4. FEI Number	Applied For
65-0611603	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

~~KOHAN, MELVIN S DR  
1300 PARK OF COMMERCE BLVD, SUITE 201  
DELRAY BEACH FL 33445~~  
 KOHAN, MELVIN S DR  
 9750 N.W. 33 STREET  
 CORAL SPRINGS, FLORIDA 33065

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: *Melvin S. Dr.* DATE: 3/12/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/>
NAME	KOHAN, MELVIN S DR	
STREET ADDRESS	<del>1300 PARK OF COMMERCE BLVD, SUITE 201 DELRAY BEACH FL 33445</del>	
CITY-ST-ZIP	<del>DELRAY BEACH FL 33445</del>	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SAXE, SUSAN E DR	
STREET ADDRESS	1300 PARK OF COMMERCE BLVD, SUITE 201	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" type="checkbox"/>
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"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	9750 N.W. 33 STREET		
1.4 CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33065		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: *Melvin S. Dr.* DATE: 3-12-99 DAYTIME PHONE #: 954-345-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)