


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90073 040 \*\*\*158.75

<b>DOCUMENT # P95000073913</b>					
<b>1. Entity Name</b> MEDICAL MANAGEMENT GROUP, INC.					
<b>Principal Place of Business</b> 2805 E OAKLAND PK BLVD STE 333 FORT LAUDERDALE, FL 33306			<b>Mailing Address</b> 2805 E OAKLAND PK BLVD STE 333 FORT LAUDERDALE, FL 33306		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 2329			
Suite, Apt. #, etc. #344		Suite, Apt. #, etc.			
City & State		City & State Ft Lauderdale FL		<b>4. FEI Number</b> 65-0609209	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		01272004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> DEKKERS, HOWARD 2805 E OAKLAND PARK 344 FT LAUDERDALE, FL 33306			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DEKKERS, HOWARD S 2805 E OAKLAND PK BLVD STE 333 FORT LAUDERDALE, FL 33306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	add VT to the titles of Howard Dekkers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KIZER, ROSINA C 2805 E OAKLAND PK BLVD STE 333 FORT LAUDERDALE, FL 33306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>					
Date _____ Daytime Phone # _____					