

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

FILED  
Nov 18 1996 8:00 am  
Secretary of State

DOCUMENT # P95000080496  
1. Corporation Name

U.S. MEDICAL MANAGEMENT OF GEORGIA, INC.

Principal Place of Business

Mailing Address

215 SADDLE CREEK DRIVE  
ROSWELL, GA 30076

3. Date Incorporated or Qualified  
10-19-95

3a. Date of Last Report

4. FEI Number

Applied For

Not Applicable

58-2193940

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

2a. Mailing Address

21 777 37th ST.  
Suite, Apt. #, etc.

26 215 SADDLE CREEK DRIVE  
Suite, Apt. #, etc.

22 Suite C-103

27

City & State

City & State

23 Vero Beach, FL

28 ROSWELL, GA

Zip

Country

Zip

Country

24 32960

25 USA

29 30076

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

H. RANDALL BRENNAN

2045 14th Ave.

Vero Beach, FL 32960

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT  
NAME Kim DeVore  
STREET ADDRESS 215 Saddle Creek Drive  
CITY-ST-ZIP ROSWELL, GA 30076

TITLE VICE-PRESIDENT  
NAME Chris DeVore  
STREET ADDRESS 310 Fate Conn Road  
CITY-ST-ZIP Canton, GA 30014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

600002013508  
-11/25/96--01012--004  
\*\*\*\*225.00 \*\*\*\*225.00

11/18/96  
Sp - Dissolution  
Removed -  
Notice not received

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

Date

Daytime Phone #

CR2E034 (3/96)

pg 2

**CARDIAC DIAGNOSTIC SERVICES**  
*A Division of U. S. MEDICAL MANAGEMENT of GEORGIA, INC.*

Corporate Headquarters  
215 Saddle Creek Drive  
Roswell, GA 30076

770-640-7431 (GA)  
800-783-7431 (USA)  
770-641-3066 (Fax)

**Licensed in Nuclear Cardiology**

Nancy R. Cho, M.D.  
Leon Hendley, M.D.  
Thomas A. Jackson, M.D.,  
Medical Director

**Staff Cardiologists**

Robert Hendley, M.D.  
Rolando A. Mendoza, M.D.

**Services Provided At:**

777 37th Street - Suite C-103  
Vero Beach, FL 32960  
407-567-7639  
407-567-4652 (Fax)

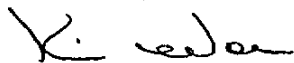
November 13, 1996

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
P.O. BOX 6327  
Tallahassee, Florida 32314

Dear Ms Mortham:

We did not receive the 1996 annual report. We are requesting that all penalties be waived.

Sincerely,



Kim DeVore  
President

kd/cd