FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000083207 (7)

PROFESSIONAL AND MEDICAL MANAGEMENT CONSULTANTS, INC.

Mailing Address Principal Place of Business 1307 N.W. 57TH STREET 1307 N.W. 57TH STREET GAINESVILLE FL 32606 GAINESVILLE FL 32605



								3. Date Incorporated or Qualified 3a. Dat N/		leport	
2. Principal Pla	ace of Busine	SS .	28.	Mailing Address				4. FEI Number		Applied For	
21			26	h1				59-3300153	Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	;			City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23			28	•				Trust Fund Contribution		ed to Fees	
Zip		Country		Zip	Cou	untry		8. This corporation has liability for intangible t	ax under s	199.032,	
24 25 29 30								Florida Statutes 🗹 Yes 🗀 No			
	g, Name	and Address of Cu	rrent Registe	ered Agent				Name and Address of New Registered	Agent		
						81	Name				
· CLAYTON, MARILYN						82 Street Address (P.O. Box Number is Not Acceptable)					
1307 N.W. 57TH STREET						82 Street Address (P.O. Box Number is Not Acceptable)					
	SVILLE FL					83					
GAINE	SVILLE PL	32003				Ш					
						84	City	FI	85 2	lip Code	
	a the control	no of Continue 007 0	E00 and 007	1500 Florido Otat A	no the ob		amod ees	poration submits this statement for the purpose of ch	anoine ite	registered office	
or registere familiar wit	ed agent, or	both, in the State of I of the obligations of, S	Florida. Such (change was authoriz	ed by the	corp	oration's b	oard of directors. I hereby accept the appointment a	s registeru	d ägent. I am	
SIGNATURE _	Signature, typed o	or printed name of registered	agent and title if ap	přícable (NC	Tit. Registere	d Agen	t signature req	uired when reinstating) DATE			
12.		OFFICERS	AND DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	ORS IN 12	
THILE	T			☐ DELETE	1.1	TITLE		P/S/T	Change:	Addition	
NAME					1.2 M	NAME		Clayton, Marilyn			
STREET ADDRESS					135	STREET		1307 N. W. 57th Street			
					1	DITY-S		Gainesville, Fl. 32605			
CITY-ST-ZIP TITLE				DELETE		TITLE	1-24	Gainesville, 11. 52005	Change	Add tion	
							İ			_	
NAME						NAME	4DDD500				
STREET ADDRESS					235	STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP				Derite	235	STREET CITY - S			Changa	- Addition	
STREET ADDRESS CITY-ST-ZIP TITLE				☐ DELETE	235 240 3 1	STREET CITY-S TITLE			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				□ DELETE	235 240 3 1 321	STREET CITY - S TITLE NAME	Y - ZiP		Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE				□ DÉCETE	235 240 3 1 321	STREET CITY - S TITLE NAME			Change	☐ Addition	
STREEL ADDRESS CITY-SL-ZIP THILE NAME STREEL ADDRESS CITY-SL-ZIF					235 240 3 1 321 3.3 3.4	STREET CITY - S TITLE NAME STREET CITY - S	Y-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ DELETE	235 240 3 1 321 3.3 3.4	STREET CITY - S TITLE NAME STREET	Y-ZIP		☐ Change		
STREEL ADDRESS CITY-SL-ZIP THILE NAME STREEL ADDRESS CITY-SL-ZIF					23.5 24(3.1 3.2) 3.3 3.4(4.1	STREET CITY - S TITLE NAME STREET CITY - S	Y-ZIP				
STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE					235 240 3 1 321 33 340 4.1 4.2	STREET CITY - S TITLE NAME STREET CITY - S TITLE NAME	Y-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				□ DELETE	235 240 3 1 321 33. 340 4.1 4.21	STREET CITY - S TITLE NAME STREET CITY - S TITLE NAME	T-ZIP ADDRESS T-ZIP ADDRESS		Chang:	Addition	
STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS					235 24(3 1 321 33. 34(4.1 4.21 4.33 4.44	STREET CITY - S TITLE NAME STREET CITY - S TITLE NAME STREET	T-ZIP ADDRESS T-ZIP ADDRESS		Chang:	Addition	
STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP				□ DELETE	235 24(31 321 33. 34(41 4.21 4.33 4.41 5.1	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	T-ZIP ADDRESS T-ZIP ADDRESS		Chang:	Addition	
STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE LAME STREET ADDRESS CITY-ST-ZIP THLE				□ DELETE	235 240 3 1 3.21 3.3 3.40 4.1 4.21 4.33 4.41 5.1	STREET COTY - STREET STREET COTY - STREET COTY - STREET COTY - STREET NAME STREET NAME	T-ZIP ADDRESS T-ZIP ADDRESS	2000018076 -05/04/96010060	Chang:	Addition	
STREET ADDRESS CHY-SI-ZIP THLE NAME STREET ADDRESS				□ DELETE	235 241 3 1 3.21 3.3 344 4.1 4.21 4.3 4.41 5.1 5.2 5.3	STREET COTY - STREET STREET COTY - STREET COTY - STREET COTY - STREET NAME STREET NAME	Y - 2IP I ADDRESS T - ZIP ADDRESS 11 - ZIP ADDRESS ADDRESS		Chang:	Addition	
STREET ADDRESS CITY-ST-ZIP TELE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP				□ DELETE	235 240 3 1 3.21 3.3 3.40 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4	STREET TITLE TITLE STREET STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET	Y - 2IP I ADDRESS T - ZIP ADDRESS 11 - ZIP ADDRESS ADDRESS	2000018076 -05/04/96010060	Chang:	Addition Addition	
STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP				☐ DETELE	235 241 3 1 3.21 3.3 344 4.1 4.21 4.3 4.4 5.1 5.2 5.3 5.4 6.1	STREET CONTY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE CONTY-S TITLE CONTY-S TITLE TITLE TITLE	Y - 2IP I ADDRESS T - ZIP ADDRESS 11 - ZIP ADDRESS ADDRESS	2000018076 -05/04/96010060	Changs	Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ DETELE	235 240 3 1 3.21 3.3 3.40 4.1 4.21 4.3 4.41 5.1 5.2 5.3 5.41 6.1	STREET CONY-S TITLE NAME STREET CONY-S TITLE NAME STREET NAME STREET CONY-S TITLE NAME STREET NAME STREET	Y - ZIP I ADDRESS T - ZIP ADDRESS 11 - ZIP ADDRESS 51 - ZIP	2000018076 -05/04/96010060	Changs	Addition Addition	
STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS CITY-ST-ZIP TELE NAME STREET ADDRESS CITY-ST-ZIP				☐ DETELE	235 240 311 321 33. 340 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2 6.3	STREET CONY-S TITLE NAME STREET CONY-S TITLE NAME STREET NAME STREET CONY-S TITLE NAME STREET NAME STREET	T-ZIP ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS	2000018076 -05/04/96010060	Changs	Addition Addition	

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.

Marilyn Clayton, President 5/7/96

Date Daytime Phone II