

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000003368

1. Entity Name
MEDICAL MANAGEMENT ASSOCIATES OF CENTRAL
FLORIDA, INC.



Principal Place of Business

2020 SE 17TH STREET
OCALA, FL 34471

Mailing Address

2020 SE 17TH STREET
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3356334

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILL, MICHAEL P
2020 SE 17 ST
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM ANDERSON, NORMAN H MD 2020 SE 17 ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, C J JR 2020 SE 17 ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCY, G. STEVEN MD 2020 SE 17TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANT, TIMOTHY A MD 2020 SE 17 ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILL, MICHAEL P 2020 SE 17 ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAMATH, SACHIN S 2020 SE 17TH ST OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Michael P. Hill

MICHAEL P. HILL

1-7-04

3528610440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #