FILE NOW: ~~FILING FEE AFTER MAY 1 IS $550.00~~ Amended

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP 18 PM 1:13

DOCUMENT # P96 0000132 68

1. Corporation Name
WORLD WIDE MEDICAL MANAGEMENT

Principal Place of Business
100 MIRACLE MILE
Suite #225
CORAL GABLES, FL. 33134

Mailing Address
SAME

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

3. Date Incorporated or Qualified: FEB 12, 1996
3a. Date of Last Report:
4. FEI Number: 59-0366963 — Applied For / Not Applicable
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

9. Name and Address of Current Registered Agent
JEROME SCHNEIDER
3722 N.W. 73 H.
MIAMI, FL. 33147

10. Name and Address of New Registered Agent
81 Name: ARNOLD SEGREDO
82 Street Address (P.O. Box Number is Not Acceptable): 100 MIRACLE MILE
83 SUITE #225
84 City: CORAL GABLES FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: ARNOLD SEGREDO PRESIDENT/DIR — DATE: 6/1/97

12. OFFICERS AND DIRECTORS		
TITLE	PRESIDENT/DIR	☐ DELETE
NAME	ARNOLD SEGREDO	
STREET ADDRESS	100 MIRACLE MILE	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	SEC/TREAS/DIR	☒ DELETE
NAME	JEROME SCHNEIDER	
STREET ADDRESS	100 MIRACLE MILE	
CITY-ST-ZIP	CORAL GABLES FL. 33134	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	800002290248--4
CITY-ST-ZIP	-09/19/97--01085--004
TITLE	*****61.25 *****61.25 ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	9/18/97
STREET ADDRESS	SP - (OK - KB)
CITY-ST-ZIP	

14. I do 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.

SIGNATURE: ARNOLD SEGREDO — ARNOLD SEGREDO/PRES 6/1/97 — 305-441-0035
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING THIS REPORT — DATE — DAYTIME TELEPHONE NUMBER