

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 28 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000024314 (2)

1. Corporation Name  
QUANTUM MEDICAL MANAGEMENT, INC.

|  |   |
|--|---|
| Principal Place of Business<br>C/O KTG&S REGISTERED AGENT CORPORATION<br>100 S.E. 2ND STREET, 28TH FLOOR<br>MIAMI FL 33131 | Mailing Address<br>C/O KTG&S REGISTERED AGENT CORPORATION<br>100 S.E. 2ND STREET, 28TH FLOOR<br>MIAMI FL 33131-2100 |
|--|---|

|   |                         |
|---|-------------------------|
| 3. Date Incorporated or Qualified<br>03/15/1996 | 3a. Date of Last Report |
|---|-------------------------|

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br><input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|---|---|---|--|

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION  
C/O KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND STREET, 28TH FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

|         |   |    |         |    |             |
|---------|---|----|---------|----|-------------|
| 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 and assume the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation or its authorized agent and the applicable

(NOTE: Registered Agent signature required when resigning)

DATE

| 12. OFFICERS AND DIRECTORS |                     |                     |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          |                    |                 |
|----------------------------|---------------------|---------------------|--------------------------|---|----------|--------------------|-----------------|
| TITLE                      | NAME                | STREET ADDRESS      | CITY-ST-ZIP              | 1.1 TITLE   | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
|                            | STEVEN A. SCHUR, MD | 1601 N. Palm Avenue | Pembroke Pines, FL 33026 |   |          |                    |                 |
| TITLE                      | NAME                | STREET ADDRESS      | CITY-ST-ZIP              | 2.1 TITLE   | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
|                            | JULIUS GASSO, MD    | 1601 N. Palm Avenue | Pembroke Pines, FL 33026 |   |          |                    |                 |
| TITLE                      | NAME                | STREET ADDRESS      | CITY-ST-ZIP              | 3.1 TITLE   | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
|                            |                     |                     |                          |   |          |                    |                 |
| TITLE                      | NAME                | STREET ADDRESS      | CITY-ST-ZIP              | 4.1 TITLE   | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
|                            |                     |                     |                          |   |          |                    |                 |
| TITLE                      | NAME                | STREET ADDRESS      | CITY-ST-ZIP              | 5.1 TITLE   | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
|                            |                     |                     |                          |   |          |                    |                 |
| TITLE                      | NAME                | STREET ADDRESS      | CITY-ST-ZIP              | 6.1 TITLE   | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |
|                            |                     |                     |                          |   |          |                    |                 |

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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.

CR2E034 (9/96)