

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

FILED  
Jun 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000029848 (4)**

1. Corporation Name  
**ALLIANCE MEDICAL MANAGEMENT, INC.**



Principal Place of Business <b>407 WHOOPING LOOP SUITE 1807 ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>407 WHOOPING LOOP SUITE 1807 ALTAMONTE SPRINGS FL 32701-3446</b>
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2. Principal Place of Business 21 <b>975 Florida Central Pkwy</b> Suite Apt. #, etc. 22 <b>Suite 1800</b> City & State 23 <b>Longwood, FL</b> Zip 24 <b>32750</b> 25 <b>USA</b>	2a. Mailing Address 27 <b>975 Florida Central Pkwy</b> Suite Apt. #, etc. 28 <b>Suite 1800</b> City & State 29 <b>Longwood, FL</b> Zip 30 <b>32750</b> 31 <b>USA</b>
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3. Date Incorporated or Qualified <b>04/05/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3390258</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>F &amp; L CORP. GREENLEAF BLDG., THIRD FLOOR 200 LAURA ST. JACKSONVILLE FL 32201-0240</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Raul E. Tamayo, MD.</b>	1.2 NAME	
STREET ADDRESS	<b>393 Whooping loop, Suite 1461</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Altamonte Spgs. FL 32701</b>	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Russell M. Graham, MD.</b>	2.2 NAME	
STREET ADDRESS	<b>393 Whooping Loop, Suite 1461</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Altamonte Springs, FL 32701</b>	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lewis Wasserman, MD.</b>	3.2 NAME	
STREET ADDRESS	<b>1554 Boren Drive, Suite 400</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Ocoee, FL</b>	3.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joseph Cannizzaro, MD.</b>	4.2 NAME	
STREET ADDRESS	<b>357 Wekiva Springs Rd.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Longwood, FL 32701</b>	4.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alfonso Mireles, MD.</b>	5.2 NAME	
STREET ADDRESS	<b>521 W. State Rd. 434, Suite 306</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Longwood, FL 32750</b>	5.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jeffrey A. Gasser</b>	6.2 NAME	
STREET ADDRESS	<b>975 Florida Central Parkway</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Longwood, FL 32750</b>	6.4 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 23, unchanged, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CF2E034 (9/96)