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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000029848 (4)**

1. Corporation Name
ALLIANCE MEDICAL MANAGEMENT, INC.

Principal Place of Business
975 FLORIDA CENTRAL PKWY
STE. 1800
LONGWOOD FL 32750
US

Mailing Address
975 FLORIDA CENTRAL PKWY
STE. 1800
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/05/1996

2. Principal Place of Business
21 450 West Central Pky
Suite, Apt. #, etc.
22
City & State
23 Altamonte Springs, FL
Zip 24 32714
Country 25 Seminole

2a. Mailing Address
26 450 West Central Pky
Suite, Apt. #, etc
27
City & State
28 Alt Spgs Florida
Zip 29 32714
Country 30 Seminole

4. FEI Number
59-3390258
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
F & L CORP.
GREENLEAF BLDG., THIRD FLOOR
200 LAURA ST.
JACKSONVILLE FL 32201-0240

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	TAMAYO, RAUL E MD	
STREET ADDRESS	393 WHOOPING LOOP, STE. 1461	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	~~VP~~ TREASURER	☐ DELETE
NAME	GRAHAM, RUSSELL M MD	
STREET ADDRESS	393 WHOOPING LOOP, STE. 1461	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VP	☐ DELETE
NAME	WASSERMAN, LEWIS MD	
STREET ADDRESS	1554 BOREN DRIVE, STE. 400	
CITY-ST-ZIP	OCOEE FL	
TITLE	S	☐ DELETE
NAME	MIRELES, ALFONSO MD	
STREET ADDRESS	521 W STATE RD 434, STE. 306	
CITY-ST-ZIP	LONGWOOD FL 32701	
TITLE	T	☑ DELETE
NAME	GASSER, JEFFREY A	
STREET ADDRESS	975 FLORIDA CENTRAL PARKWAY	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	PRESIDENT	☐ DELETE
NAME	JOSEPH CANNIZZARO MD	
STREET ADDRESS	357 WEKIVA SPGS RD	
CITY-ST-ZIP	LONGWOOD FL. 32779	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	700002515687	☐ Change ☐ Addition
6.2 NAME	-05/07/98--01096--019	
6.3 STREET ADDRESS	***600.00	
6.4 CITY-ST-ZIP	CC 5/6	

14. 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 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

CR2E034 (10/97)