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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/05/1996

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	10. Name and Address of New Registered Agent
F & L CORP. GREENLEAF BLDG., THIRD FLOOR 200 LAURA ST. JACKSONVILLE FL 32201-0240	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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	TAMAYO, RAUL E MD	1.2 NAME	
STREET ADDRESS	393 WHOOPING LOOP, STE. 1461	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	
TITLE	~~VP~~ TREASURER	2.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, RUSSELL M MD	2.2 NAME	
STREET ADDRESS	393 WHOOPING LOOP, STE. 1461	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	WASSERMAN, LEWIS MD	3.2 NAME	
STREET ADDRESS	1554 BOREN DRIVE, STE. 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	MIRELES, ALFONSO MD	4.2 NAME	
STREET ADDRESS	521 W STATE RD 434, STE. 306	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32701	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	GASSER, JEFFREY A	5.2 NAME	
STREET ADDRESS	975 FLORIDA CENTRAL PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	5.4 CITY-ST-ZIP	
TITLE	PRESIDENT	6.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPH CANNIZZARO MD	6.2 NAME	
STREET ADDRESS	357 WEKIVA SPGS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL. 32779	6.4 CITY-ST-ZIP	

☐ DELETE

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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 _____ DATE