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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000030810 (1)**

1. Corporation Name
FLORIDA MEDICAL MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
6449 38TH AVE., NORTH ST. PETERSBURG FL 33710	6449 38TH AVE., NORTH ST. PETERSBURG FL 33710-1655

3. Date Incorporated or Qualified: 04/01/1996
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3387044 ☐ 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

DICKSON, L. JAMES
FEATHER SOUND CORPORATE CENTER II
13577 FEATHER SOUND DRIVE, SUITE 190
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: William J. Roberts –
82 Street Address (P.O. Box Number is Not Acceptable): 150-2nd AVE. NO. - Suite 600
83: c/o RH + A
84 City: St. Petersburg FL 85 ZIP Code: 33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 _____ 3/3/97
Signature, title or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KATZ, ALLAN E M.D.		1.2 NAME	
STREET ADDRESS	6449 38TH AVE., NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMUZZI, FREDDY M.D.		2.2 NAME	
STREET ADDRESS	6450 38TH AVE., NORTH SUITE 110		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DESAI, AKSHAY MD		3.2 NAME	
STREET ADDRESS	2150 49TH STREET NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ 3/3/97 813-381-0225