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Feb 13 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 # **P96000030810 (1)**

1. Corporation Name
FLORIDA MEDICAL MANAGEMENT SERVICES, INC.

Principal Place of Business
6449 38TH AVE., NORTH
ST. PETERSBURG FL 33710

Mailing Address
6449 38TH AVE., NORTH
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

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

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

9. **Name and Address of Current Registered Agent**

WILLIAM J ROBERTS
150 2ND AVE NO STE 600
C/O RH & A
ST PETERSBURG FL 33701

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	D	☐ DELETE
NAME	KATZ, ALLAN E M.D.	
STREET ADDRESS	6449 38TH AVE., NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	☐ DELETE
NAME	CAMUZZI, FREDDY M.D.	
STREET ADDRESS	6450 38TH AVE., NORTH SUITE 110	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	☐ DELETE
NAME	DESAI, AKSHAY MD	
STREET ADDRESS	2150 49TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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, with all other like empowered.

SIGNATURE: [signature] 2/4/98 813-381-0275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #