2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004
Secretary of State

DOCUMENT# P96000089068

Entity Name: ASSOCIATED MEDICAL MANAGERS, INC.

Current Principal Place of Business:

% DR. ALIX SALVANT
7241 SW 63 AVE., STE. 101
SOUTH MIAMI, FL 33143

New Principal Place of Business:

8700 N KENDALL DR.
STE #204
MIAM,I, FL 33176-220

Current Mailing Address:

% DR. ALIX SALVANT
7241 SW 63 AVE., STE. 101
SOUTH MIAMI, FL 33143

New Mailing Address:

8700 N KENDALL DR
STE #204
MIAMI, FL 33176-220

FEI Number: 65-0709415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIANCHI, PETER C JR.
255 UNIVERSITY DR.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: SALVANT, ALIX
Address: 7241 SW 63 AVE., STE. 101
City-St-Zip: S. MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALIX SALVANT PD 03/22/2004

Electronic Signature of Signing Officer or Director — Date