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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000102380 (8)

FILED Mar 28 1997 8:00am Secretary of State

JUPITER MEDICAL MANAGEMENT, INC.		** 1 :		<u> </u>
Principal Place of Business Mailing Adi 131 JUPITER KEY ROAD 131 JUPITER JUPITER FL 33477 JUPITER FC*	KEY ROAD	1 111 - 1111111111111111111111111111111		RHIL ERRIO HIDBO VIOLET VOLET DONT IDEN
			3. Date Incorporated or Qualified 12/19/1996	3a. Date of Last Report
2. Principa Place of Business 2a. Mailing	Address		4. FEI Number	Applied For
21 26	pt. #, etc.			Not Applicable \$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required
City & State City & S 28	State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip	Co	ountry	This corporation has liability for in	
24 25 29	30		Florida Statutes	Yes No
9. Name and Address of Current Registered Ag	jent	61 Name	10. Name and Address of New Reg	Istered Agent
GELLER, STEVEN A ESQ.				
1815 GRIFFIN ROAD STE 403 DANIA FL 33004		82 Street Add	fress (P.O. Box Number is Not Acceptable	e)
DANIA I C 55007		83		
		84 City	***************************************	85 Zip Code
				FL. (*)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent or both, in the State of Floridal Such agent. I am familiar with, and accept the obligations of, Section	Florida Statutes, the change was authorize	above-named cor	poration submits this statement for the publicular board of directors. I hereby accept	rpose of changing its registered
agent. Lam familiar with, and accept the obligations of, Section	607.0505, Florida St	tatutes.		The apparent to the second
SIGNATURE Signature, typed or period name of registered agent and life it applicable	(NOTE: Baoista	red Agent signature requ	urad when reinstations	DATE
12. OFFICERS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICE	
· · · · · · · · · · · · · · · · · ·	DELETE 1.1	TITLE		Change Addition
HAME GARRETT, KATHRYN		NAME		!
STREET ADDRESS 131 JUPITER KEY ROAD	1 1 2			
ALDITED EL ADATS	•	STREET ADDRESS		
CITY-ST-ZIP JUPITER FL 33477	1.4	CITY-ST-ZIP		Change Addition
THUE VSTD	DELETE 2.1	CITY-ST-ZIP TITLE		Change Addition
NAME WSTD MOSTON, DEBRA	1.4 DELETE 2.1 2.2	CITY-ST-ZIP TITLE NAME		Change Addition
NAME WSTD MOSTON, DEBRA STREEL ADDRESS 131 JUPITER KEY ROAD	DELETE 2.1 2.2 2.3	CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change Addition
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THE VSTD NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS C-TY-SI-ZIP TITLE TITLE NAME STREET ADDRESS C-TY-SI-ZIP TITLE	1.4 DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4 DELETE 4.1	CITY-ST-ZIP TITLE NAME I STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME STREET ADDRESS . CITY-ST-ZIP TITLE		
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4. 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 12 of changed, or on an attachment with an address.

SIGNATURE

KOTHUMAN. SHEWILL SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/24/97 407-747-5274

Daytime Phone # 0006905