

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000028978**

1. Corporation Name

EMPLOYEE MEDICAL MANAGEMENT INC.

Principal Place of Business

**2201 SYLVAN CT
KISSIMMEE FL 34746
US**

Mailing Address

**P.O. BOX 420185
KISSIMMEE FL 34742
US**

2. Principal Place of Business

21 1254 S. Bermuda Ave

2a. Mailing Address

26 P.O. Box 420185

Suite, Apt. #, etc.

22 #10

Suite, Apt. #, etc.

City & State

23 Kissimmee Florida

City & State

28 Kissimmee, FL

Zip Country

24 34741 25 Osceola

Zip Country

29 34742 30 Osceola

9. Name and Address of Current Registered Agent

**SARGENT, KELLY
2201 SYLVAN CT
KISSIMMEE FL 34746**

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

59-3437206

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/99

12. OFFICERS AND DIRECTORS

TITLE **PVPT** ☐ DELETE

NAME **SARGENT, KELLY**

STREET ADDRESS **2201 SYLVAN CT**

CITY-STATE-ZIP **KISSIMMEE FL 34746**

TITLE **S** ☒ DELETE

NAME **EARLY, CAROLE DR.**

STREET ADDRESS **P.O. BOX 120340**

CITY-STATE-ZIP **CLERMONT FL 34712-0340**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

(407) 944-4422

Daytime Phone #

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90148 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)