

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P97000048273

1. Corporation Name

CONSOLIDATED MEDICAL MANAGEMENT, INC.


Principal Place of Business

Mailing Address

 9305 W SAMPLE ROAD
CORAL SPRINGS FL 33065

 9305 W SAMPLE ROAD
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

65-0819540

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

 RODRIGUEZ, JUAN J
1000 BRICKELL AVE STE 600
MIAMI FL 33131-3014

10. Name and Address of New Registered Agent

81 Name

SHAWN P. SABGA

82 Street Address (P.O. Box Number is Not Acceptable)

9305 WEST SAMPLE ROAD

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

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 type if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 29, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME D
STREET ADDRESS SABGA, SHAWN P
CITY-ST-ZIP 9305 W SAMPLE ROAD
CORAL SPRINGS FL 33065
TITLE ☒ DELETE
 NAME D
STREET ADDRESS LOCKWOOD, SCOTT
CITY-ST-ZIP 9305 W SAMPLE ROAD
CORAL SPRINGS FL 33065
TITLE ☐ DELETE
 NAME D
STREET ADDRESS SABGA, DIANNE
CITY-ST-ZIP 9305 W SAMPLE ROAD
CORAL SPRINGS FL 33065
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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 4/14/99 (954) 755-8885
Date Daytime Phone #

CR2E034 (1/1/98)