

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

FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000054402 (7)**  
1. Corporation Name

**SOUTH FLORIDA MEDICAL MANAGEMENT, INC.**



Principal Place of Business <b>15402 KIPPFORD COURT MIAMI LAKES FL 33014</b>	Mailing Address <b>15402 KIPPFORD COURT MIAMI LAKES FL 33014</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2122 S.W. 67 Ave.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2122 S.W. 67 Ave.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/20/1997</b>	
22 City & State 23 <b>Miami, Florida</b>		27 City & State 28 <b>Miami, Florida</b>		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
24 <b>33155</b> 25 <b>U.S.A.</b>		29 <b>33155</b> 30 <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEITRA, RAYMOND R ESQ.  
407 LINCOLN ROAD  
SUITE #8-G  
MIAMI BEACH FL 33139**

81 Name <b>Beitra, Raymond R.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2122 S.W. 67 Ave.</b>
83
84 City <b>Miami</b>
85 Zip Code <b>33155</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BUCK, MIKHEL C	1.2 NAME	
STREET ADDRESS	1800 N.E. 114 STREET #1104	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	DEUTSCHBERGER, RITA	2.2 NAME	
STREET ADDRESS	1048 N.E. 99 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33181	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BUA, MARY ANN	3.2 NAME	
STREET ADDRESS	2 SHADY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LODI NY 07644	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	STD
NAME	DROZD, ALAN	4.2 NAME	Droz, Allen
STREET ADDRESS	15402 KIPPFORD COURT	4.3 STREET ADDRESS	7274 Poinciana Court
CITY-ST-ZIP	MIAMI LAKES FL 33014	4.4 CITY-ST-ZIP	Miami Lakes, Florida 33014
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

**SIGNATURE REQUIRED**

1/9/98

CR2034 (10/97)