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FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000088750 (9)

1. Corporation Name

MED-MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

390 NORTH ORANGE AVENUE
SUITE 600
ORLANDO FL 32801

390 NORTH ORANGE AVENUE
SUITE 600
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1111 So. Orange Avenue

Suite, Apt. #, etc.

22 4th Floor

City & State

23 Orlando, Florida

24 Zip
32806

Country
25 USA

2a. Mailing Address

26 1111 So. Orange Avenue

Suite, Apt. #, etc.

27 4th Floor

City & State

28 Orlando, Florida

29 Zip
32806

Country
30 USA

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

59-3182406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KP & L SERVICES, INC.
1111 SOUTH ORANGE AVENUE
4TH FLOOR
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

KP&L Services, Inc.

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

390 N. Orange Avenue

83 Suite

Suite 600

84 City

Orlando

FL

85 Zip Code
32801

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

Harriet Freeman

Asst. Sec.

4-24-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

President

☐ Change

☐ Addition

1.2 NAME

Michael M. Gutierrez

1.3 STREET ADDRESS

1111 So. Orange Ave., 4th Floor

1.4 CITY-ST-ZIP

Orlando, FL 32806

2.1 TITLE

Vice President & Treasurer

☐ Change

☐ Addition

2.2 NAME

Joseph A. Shirer

2.3 STREET ADDRESS

1111 So. Orange Ave., 4th Floor

2.4 CITY-ST-ZIP

Orlando, FL 32806

3.1 TITLE

Vice President & Secretary

☐ Change

☐ Addition

3.2 NAME

Ronald C. Knipe

3.3 STREET ADDRESS

1111 So. Orange Ave., 4th Floor

3.4 CITY-ST-ZIP

Orlando, FL 32806

4.1 TITLE

Assistant Secretary

☐ Change

☐ Addition

4.2 NAME

Harriet Freeman

4.3 STREET ADDRESS

1111 So. Orange Ave., 4th Floor

4.4 CITY-ST-ZIP

Orlando, FL 32806

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.

SIGNATURE

Harriet Freeman

Asst. Sec.

4-24-98

407
839-3999

CR2E034 (10/97)