## 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

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DOCUMENT #	. 1 1 1 0 0 0	
1. Corporation Name	Medical Managemen	t, In

## Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90009 018 \*\*\*150.00

P.O. Box 261653		/				- <del></del>
Timpa FL 33685						
Principal Place of Business Mailing Address						
6009 9th Street North						
St. Petersburg FL 33703			DO NOT WRITE I	N THIS S	PACE	
51. 1210131019 1 = 30.123			3. Date Incorporated or Qualifed			
			01/01/98			1
Principal Place of Business     2a. Mailing Address			4. FEI Number		Ap	plied For
21 6009 9th Street North 26			59-3483681		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired	3	\$8.75	
22 27					Fee Re	<u> </u>
City & State 23 St. Petersburg FL 28 City & State			6. Election Campaign Financing Trust Fund Contribution	]	\$5.00 Added t	, I
Zip Country Zip	Country		8. This corporation owes the current	vear Intan		.5.1 050
_ 22702	30		Personal Property Tax.		Ŭ Yes	□No
Name and Address of Current Registered Agent			10. Name and Address of New Regi	stered Aç	gent	
Alan S. Gassman	81	Name				
	82	Street Ad	idress (P.O. Box Number is Not Acceptable)	)		
1245 Court Street						
Suite 102 Clearwater FL 33756	83					
かしゅんたい ムール・アー・レー・コン レンレ	84	City		FL	85 Zip (	Code
Clear water PD 3377				:	ــــــــــــــــــــــــــــــــــــــ	ragistared
	the above	e-named co	proporation submits this statement for the pure	oose of ch	nanging its	registereu i
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut	horized by	the corpora	orporation submits this statement for the purpation's board of directors. I hereby accept the	pose of ch e appointr	nanging its ment as re	gistered
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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 muster employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed end, an attachment with an address, with all other like empowered.

**SIGNATURE:**