

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020929

FILED
Jan 07, 2006
Secretary of State

Entity Name: NATIONWIDE MEDICAL MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

19620 PINES BLVD STE 114
PEMBROKE PINES, FL 33029

New Principal Place of Business:

19620 PINES BLVD
SUITE 114
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

19620 PINES BLVD STE 114
PEMBROKE PINES, FL 33029

New Mailing Address:

19620 PINES BLVD
SUITE 114
PEMBROKE PINES, FL 33029 US

FEI Number: 65-0817254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANEVE, RON
19620 PINES BLVD STE 114
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

LANEVE, RON
19620 PINES BLVD
SUITE 114
PEMBROKE PINES, FL 33029 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RON LANEVE

01/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANEVE, RON
Address: 19620 PINES BLVD STE 114
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD () Delete
Name: LANEVE, MICHELLE
Address: 19620 PINES BLVD STE 114
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LANEVE, RON
Address: 19620 PINES BLVD STE 114
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VTD (X) Change () Addition
Name: LANEVE, MICHELLE
Address: 19620 PINES BLVD STE 114
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON LANEVE

PRES

01/07/2006

Electronic Signature of Signing Officer or Director

Date