

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90034 022 ***150.00

DOCUMENT # P98000028236

1. Entity Name
MEDICAL MANAGEMENT HOLDING CORPORATION



Principal Place of Business
5722 S. FLAMINGO ROAD #142
FORT LAUDERDALE, FL 33330

Mailing Address
5722 S. FLAMINGO ROAD #142
FORT LAUDERDALE, FL 33330

2. Principal Place of Business
401 E. LAS OLAS BLVD.

3. Mailing Address
401 E. LAS OLAS BLVD.

Suite, Apt. #, etc.
STE. 130

Suite, Apt. #, etc.
STE. 130

02212004

Chg-P

CR2E034 (10/03)

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number
65-0832030

Applied For
Not Applicable

Zip
33301

Country
U.S.A.

Zip
33301

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NASSAR, ALBERT D
3340 PADDOCK RD.
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name
NASSAR, ALBERT D.
Street Address (P.O. Box Number is Not Acceptable)
401 E. LAS OLAS BLVD., STE. 130

City
FORT LAUDERDALE

FL

Zip Code
33301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOP
NASSAR, ALBERT D
3340 PADDOCK RD.
WESTON, FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOP
NASSAR, ALBERT D
401 E. LAS OLAS BLVD, SUITE 130
FORT LAUDERDALE, FL 33301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

Date

305-788-0169

Daytime Phone if