
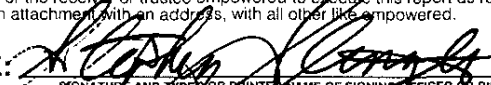


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90261 009 \*\*\*150.00

<b>DOCUMENT # P98000052641</b> 1. Entity Name <b>ORION MEDICAL MANAGEMENT, INC.</b>					
Principal Place of Business <b>511 WEST BAY STREET SUITE 301 TAMPA, FL 33606</b>			Mailing Address <b>511 WEST BAY STREET SUITE 301 Accts Dept PO Box TAMPA, FL 33606</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 30728</b>		
City & State <b>Tampa, FL</b>			4. FEI Number <b>59-3518136</b>		
Zip <b>33630-3728</b>			Country <b>USA</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent  <b>STENZLER, STEPHEN 511 WEST BAY STREET SUITE 301 TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STENZLER, STEPHEN A 511 WEST BAY STREET SUITE 301 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHHEDA, HEMANT D 511 WEST BAY STREET SUITE 301 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUDRYK, BRUCE T 511 WEST BAY STREET SUITE 301 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DOUGLAS 511 WEST BAY STREET SUITE 301 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, AVERY J 511 WEST BAY STREET SUITE 301 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIGO, PATRICIA 511 BAY STREET SUITE 301 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete			
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 receiver or trustee empowered 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 an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: (8/3) 253-274 Daytime Phone #					