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Secretary of State

04-06-1999 90073 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000059205 1. Corporation Name MEDICAL MANAGEMENT WHOLESALE CORP.			
Principal Place of Business 5722 S FLAMINGO ROAD #142 FT LAUDERDALE FL 33330		Mailing Address 5722 S FLAMINGO ROAD #142 FT LAUDERDALE FL 33330	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
9. Name and Address of Current Registered Agent ALBERT D. NASSAR 5722 S FLAMINGO ROAD #142 FT LAUDERDALE FL 33330		10. Name and Address of New Registered Agent 81 Name ALBERT D. NASSAR 82 Street Address (P.O. Box Number is Not Acceptable) 5722 S. FLAMINGO RD #142 83 84 City FT. LAUDERDALE FL 85 Zip Code 33330	
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 607.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PD NASSAR, ALBERT D 5022 STILLWATER TERRACE COOPERCITY FL 33330 VD SAMUEL EDWARD F 1301 PALM AVE HIALEAH FL 33012 VD REGO, GUILLERMO JR 582 NW 162 AVE PEMBROKE PINES FL 33028		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 applicable, 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

Daytime Phone #

3-30-99 954-680-3530

CR7034 (1-1-98)