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Mar 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000066951**

1. Corporation Name
ADVANTAGE MEDICAL MANAGEMENT, INC.



Principal Place of Business PO BOX 12928 FORT PIERCE FL 34979-2928	Mailing Address PO BOX 12928 FORT PIERCE FL 34979-2928
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 PO Box 12928 Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 12928 Suite, Apt. #, etc.
22 City & State 23 Ft Pierce FL Zip Country 24 34979-2928 25 St. Lucie	27 City & State 28 Ft. Pierce FL Zip Country 29 34979-2928 30 St. Lucie

3. Date Incorporated or Qualified 07/30/1998	4. FEI Number 65-0853377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GOLDSTEIN, THERESA
1977 SE FAIRFIELD ST
PORT ST LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name Blakeslee Tina
82 Street Address (R.O. Box Number is Not Acceptable) 5711 Palm Dr.
83
84 City Ft Pierce
85 Zip Code FL 34982

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 607.0505, Florida Statutes.

SIGNATURE **Tina Blakeslee owner** **Tina Blakeslee owner** **3/17/1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	owner / President
STREET ADDRESS	Tina Blakeslee
CITY-ST-ZIP	5711 Palm Dr
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ft Pierce, FL 34982
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tina Blakeslee** **Tina Blakeslee** **3/17/99** **561-468-2322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)