


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90408 019 ***150.00

DOCUMENT # P98000075021	
1. Entity Name BOCA RATON MEDICAL MANAGEMENT, INC.	

Principal Place of Business 2424 N FEDERAL HWY SUITE 200 BOCA RATON, FL 33431	Mailing Address 2424 N FEDERAL HWY SUITE 200 BOCA RATON, FL 33431
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2. Principal Place of Business 6751 N. Federal Hwy Suite 201	3. Mailing Address 6751 N. Federal Hwy. Suite 201
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City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33487	Country USA

900000



03222006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0858215	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REED, S. HOWARD 2424 N FEDERAL HWY SUITE 200 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Randall H. Reed, CPA Street Address (P.O. Box Number is Not Acceptable) 6751 N Federal Hwy, Suite 201 City Boca Raton FL Zip Code 33487
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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  DATE **3-31-06**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, S. HOWARD 2424 N FEDERAL HWY, SUITE 200 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/4/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #