2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005
Secretary of State

DOCUMENT# P99000059156

Entity Name: AXIS MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

19470 39TH COURT
MIAMI BEACH, FL 33160

New Principal Place of Business:

1270 HATTERAS LANE
HOLLYWOOD, FL 33019

Current Mailing Address:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0930818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVENUE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEHMANN, LILIANA R
Address: 19470 39TH COURT
City-St-Zip: MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEHMANN, LILIANA R
Address: 1270 HATTERAS LANE
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIANA LEHMANN P 02/11/2005

Electronic Signature of Signing Officer or Director Date