## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \/A\alpha/\alpha\lambda				FILED		
1. Entity Name V49091					Jul 17 2000 8:00 am	
				Secretary of State		
MEDICAL MANAGEMENT, INC.				)	rotary or otato	
Principal Place of Business Mailing Address						
					IALLAMAUULL	
2. Principal Place of Business 3. Mailing Address					]	
1921 Waldemere Street C/O Sharon A. Mac				acMilla	<b>ACINICTATE</b>	MENT OF
Suite, Apt. #, etc. Suite 711 103 Tripp F					ICHIO BERTEN	FINE DEPACE (()
City & State	City & State		4. FEI Number	Applied For		
Sarasota, FL Zip Country		Ellington, CT Zip Country		ntrv	65-0348018	Not Applicable
34239	USA 06	029	USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New	Registered Agent
Street Andress					(P.O. Box Number is Not Accept	ahla)
Gensmer, Timothy W. Street Address 2831 Ringling Blvd.						
Suite 202A						
Sarasota, FL				City		FL 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.						
June III Tourney The Hally Courses 7-11-00						
SIGNATURE OF SIGNATURE (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
19.2.10. aby						
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150:00 10. Election Campaign Financing \$5.00 May.Bc Tax filling requirement and elects to do so.  After MAY 1, 2000 Fae will the \$550.00 Trust Fund Contribution.						
ಿದ್ದೆ(See criteria on back)	F883	lake Check Payab			late	CS 246 ( ) VS, 27
TITLE PRESI	OFFICERS AND DIRECT	TORS Delete	12.	· • · /	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 11 Change Addition
NAME Sharon A. MacMillan NAM			NAME			
1200 TIPP RODA			STREET	TADDRESS ST - ZIP		25032
TITLE	400117 01 900	Delete	TITLE		<u>.                                    </u>	Change Addition
NAME STREET ADDRESS			NAME STREET	TADDRESS	97779 HTTL 17771 HTTL 17771	
CITY - ST - ZIP			CITY - S	ST - ZIP		3342343U 12/00 <u>0</u> 1002 <u>1</u> 008
NAME		Delete	TITLE	1	***	#308.75 PARM #BJ (Address)
STREET ADDRESS			STREET	T ADDRESS		
CITY - ST - ZIP		Delete	CITY - S	ST - ZIP		#Chaptage Addition
NAME		Dolote	NAME			
STREET ADDRESS CITY - ST - ZIP	<del></del> .		STREET CITY - S	FADDRESS	•	
TITLE		Delete	TITLE			Change Addition
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CITY - ST - ZIP	in a might payin	العائم أأروع المعاصلين للمساري	CITY		ر در المراجع المراجع المراجع الأمري الأولاد المراجع الأمري الأولاد المراجع الأمري الأولاد المراجع الأمري الأول	द्या उन्होंने हैं अपने हैं ।
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STREET ADDRESS	A CAN THE A STATE OF THE A		<b>1</b> '	TADDRESS .	tal Election Consolin	बें न्या कि इस् <b>त्रिक्ता</b> हैं
CITY - ST - ZIP		نام بيواد		ST - ZIP	2	where we have the design and the same and th
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attaghment with an address, with all other like empowered.						
SIGNATURE: -	1 mas houle			MACMIKLA		(869P75-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						
STF FL32381F 1	1					•