


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000094272  
 1. Entity Name  
 MEDICAL MESSINGER, INC.



Principal Place of Business      Mailing Address  
 3795 W BOYNTON BEACH BLVD.      3795 W BOYNTON BEACH BLVD.  
 BOYNTON BEACH, FL 33436      BOYNTON BEACH, FL 33436

**DO NOT WRITE IN THIS SPACE**



01122007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 65-1156595      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, MARK MD  
 3795 W BOYNTON BEACH BLVD.  
 BOYNTON BEACH, FL 33436

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and if not applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

4100000609855  
 02/01/07-80066-024 150.00

10. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | D                          |
| NAME           | FREEMAN, MARK              |
| STREET ADDRESS | 3795 W BOYNTON BEACH BLVD. |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33436    |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_