

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065528

**FILED
Mar 25, 2009
Secretary of State**

Entity Name: MARKETING MEDICAL CONSULTANTS CORP

Current Principal Place of Business:

15319 S.W. 168TH TERRACE
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

15319 S.W. 168TH TERRACE
MIAMI, FL 33187

New Mailing Address:

FEI Number: 20-1028726 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GONZALEZ, ANA CECILIA
15319 S.W. 168TH TERRACE
MIAMI, FL 33187 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: PD () Delete
Name: GONZALEZ, ANA CECILIA
Address: 15319 S.W. 168TH TERRACE
City-St-Zip: MIAMI, FL 33187

Title: VD () Delete
Name: GONZALEZ, OSWALDO R
Address: 15319 S.W. 168TH TERRACE
City-St-Zip: MIAMI, FL 33187

Title: TD () Delete
Name: GONZALEZ, DAVID O
Address: 15319 S.W. 168TH TERRACE
City-St-Zip: MIAMI, FL 33187

Title: SD () Delete
Name: GONZALEZ, VALERIA
Address: 15319 S.W. 168TH TERRACE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANA CECILIA GONZALEZ

PD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date