


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000092921 (2)		
1. Corporation Name MILLENNIA MEDICAL MARKETING, INC.		



DO NOT WRITE IN THIS SPACE

Principal Place of Business % C. TIM CAMPOS 81 HIGH STREET., #2 WALTHAM MA 02154 US		Mailing Address % C. TIM CAMPOS 81 HIGH STREET., #2 WALTHAM MA 02154 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/27/1995	4. FEI Number 59-3348224
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent KEASLER, FRANK R JR 7077 BONNEVAL ROAD STE 120 JACKSONVILLE FL 32216		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable) 4337 PABLO OAKS COURT	
83. Suite 102		84. City JACKSONVILLE	
		85. Zip Code 32224	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NAME Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CAMPOS, TIM G 81 HIGH STREET., #2 WALTHAM MA 02154	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	CHRISTOPHER T. CAMPOS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		35. TITLE 36. NAME 37. STREET ADDRESS 38. CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ CHRISTOPHER T. CAMPOS 1/23/98 181-893-2460

CR2E034 (10/97)