

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000065528

**Entity Name:** MARKETING MEDICAL CONSULTANTS CORP

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 20-1028726

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GONZALEZ, ANA CECILIA  
15319 S.W. 168TH TERRACE  
MIAMI, FL 33187 US

*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

**Officer/Director Detail :**

Title PD  
Name GONZALEZ, ANA CECILIA  
Address 15319 S.W. 168TH TERRACE  
City-State-Zip: MIAMI FL 33187

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

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

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANA CECILIA GONZALEZ

**PRESIDENT**

**02/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date