

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000002699

**FILED**  
**Jun 28, 2011**  
**Secretary of State**

**Entity Name:** MMC MEDICAL MARKETING CONSULTANTS, INC.

**Current Principal Place of Business:**

401 COOPER LANDING ROAD  
C-18  
CHERRYHILL, NJ 08002

**New Principal Place of Business:**

**Current Mailing Address:**

401 COOPER LANDING ROAD  
C-18  
CHERRYHILL, NJ 08002

**New Mailing Address:**

**FEI Number:** 22-3141743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORDON, ROBIN  
2461 NE 201ST ST.  
N. MIAMI BEACH, FL 33180 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

**OFFICERS AND DIRECTORS:**

Title: CV  
Name: ALTMAN, JEFF  
Address: 7 WARWICK SQUARE MEWS  
City-St-Zip: LONDON, UK SW1V2EL

Title: DP  
Name: STEINMEYER, MARTIN  
Address: RACHERSTRASSE 2  
City-St-Zip: MUNICH, GERMANY, GE D-8169

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: JEFF ALTMAN

CV

06/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date