FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G72763** **(7)**

1. Corporation Name

MEDICAL MARKETING SPECIALISTS, INC.

Principal Place of Business
4950 S.W. 8 Street S-303
~~9001 S.W. 48TH STREET (33165)~~
~~P.O. BOX 141443~~
~~CORAL GABLES FL 33114~~
Coral Gables,Fl.33134

Mailing Address
~~6601 S.W. 48TH STREET (33155)~~
P.O. BOX 141443
CORAL GABLES FL 33114

3. Date Incorporated or Qualified: **12/01/1983**
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business
21 4950 S. W. 8th Street
Suite, Apt. #, etc.
22 # 303
City & State
23 Coral Gables, Florida
Zip 24 33134 Country 25 U.S.A.

2a. Mailing Address
26 P. O. Box 14-1443
Suite, Apt. #, etc.
27 ----------
City & State
28 Coral Gables, Florida
Zip 29 33114-1443 Country 30 U.S.A.

4. FEI Number: **59-2369687** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARRERAS, RAUL JR
999 PONCE DE LEON BLVD
STE 720
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ----------
82 Street Address (P.O. Box Number is Not Acceptable) ----------
83 ----------
84 City ---------- **FL** 85 Zip Code ----------

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 of each corporate officer or director listed in item 13 (if applicable) Signature of New Registered Agent (if applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZALEZ, CECILIO F. 6601 S.W. 48TH STREET MIAMI FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added by amendment with an address.

SIGNATURE: Cecilio Gonzalez January 15-96 (305) 446-7778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #