

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K36343 (7)  
1. Corporation Name  
PREMIER MEDICAL MARKETING ASSOCIATES, INC.



Principal Place of Business Mailing Address  
% ERNEST LARRY JONES % ERNEST LARRY JONES  
604 PACKARD CT 604 PACKARD CT  
SAFETY HARBOR FL 34895 SAFETY HARBOR FL 34895-3001

3. Date Incorporated or Qualified 09/30/1988 3a. Date of Last Report 04/16/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

4. FEI Number 59-2911421 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
JONES, ERNEST LARRY  
604 PACKARD CT  
SAFETY HARBOR FL 34895  
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, 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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
1.1 TITLE PTD  
1.2 NAME JONES, ERNEST LARRY  
1.3 STREET ADDRESS 3087 DIAMOND HEAD DR.  
1.4 CITY-ST-ZIP CLEARWATER FL  
1.5 TITLE SVD  
1.6 NAME HEPP, JAMES M.  
1.7 STREET ADDRESS 1461 IRMA RD  
1.8 CITY-ST-ZIP EUSTIS FL  
1.9 TITLE  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: (813) APR-14-97 725-5864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)