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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K39071** **(1)**

1. Corporation Name

ALL SERVICE MEDICAL MARKETING CO.

Principal Place of Business	Mailing Address
3816 SW 8TH STREET **P O BOX 145277** **CORAL GABLES FL 33114** **US**	**% JOSE LOPEZ** **P O BOX 145277** **CORAL GABLES FL 33114**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 6455 S.W 40 Street	26 P.O. Box 145307	10/17/1988	03/20/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0079551	☐ Applied For ☐ Not Applicable
23 City & State: Miami, Florida	28 City & State: Miami, Florida	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
24 Zip: 33155 25 Country: USA	29 Zip: 33255 30 Country: USA	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

LOPEZ, JOSE
3816 S.W. 8TH ST.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Lopez, Jose

82 Street Address (P.O. Box Number is Not Acceptable): 6455 SW 40 Street

83

84 City: Miami **FL** 85 Zip Code: 33255

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: Jose Lopez, President 4/29/96
Signature, typed or printed name of individual with authority to sign, and capacity or relationship to filing entity — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	LOPEZ, JOSE		1.2 NAME	Lopez, Jose	
STREET ADDRESS	3816 S.W. 8TH ST.		1.3 STREET ADDRESS	6455 SW 40 Street	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Miami, Fla. 33155	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: Jose Lopez, President 4/29/96 (305) 663-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jose Lopez