

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101294

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL MARKETING DATA, LLC

**Current Principal Place of Business:**

6459 DORSAY COURT  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

6459 DORSAY COURT  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 27-1157539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERNHARDT, PETER M  
505 S. FLAGLER DRIVE  
300  
WEST PALM BEACH, FL 33401 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ZAPOLIN, MICHAEL  
**Address:** 20165 N.E. 39TH PLACE, APT. 402  
**City-St-Zip:** AVENTURA, FL 33180

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** JAY ROSEN

CEO

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date