

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Governor of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY -1 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L38766** (6)

1. Corporation Name

MEDICAL CONSULTANTS MARKETING, INC.

Principal Place of Business

Mailing Address

1000 NE 13TH AVE
SUITE 400
HALLANDALE FL 33009

7256 FAIRFAX DR
BLDG B
TAMARAC FL

7256 FAIRFAX DR.
BLDG B
TAMARAC FL 33321
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/28/1989

3a. Date of Last Report
04/22/1994

4. FEI Number
65-0160345

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

7. The corporation has liability for intangible tax under F.S. 190.005,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHORR, MORTON
7256 FAIRFAX DR.
BLDG B
TAMARAC FL 33321

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 607.05(3) and 607.15(9), 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 607.05(3), Florida Statutes.

SIGNATURE

Morton S. Schorr

5/1/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	P
NAME	SCHORR, MORTON
STREET ADDRESS	7256 FAIRFAX DR. BLDG B
CITY, ST, ZIP	TAMARAC FL
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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NAME	
STREET ADDRESS	
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CITY, ST, ZIP	

NAME	☐ Change ☐ Addition
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CITY, ST, ZIP	
NAME	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 liquidator empowered to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or cancellation, with an address.

SIGNATURE:

Morton S. Schorr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

720-9625