

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 27, 2003 8:00 am
Secretary of State

6/11

06-16-2003 90143 030 ***150.00

DOCUMENT # **L 38766**

1. Entity Name

**MEDICAL CONSULTANTS MARKETING
INC.**



DO NOT WRITE IN THIS SPACE

55050035

2. Principal Place of Business

7256 FAIRFAX DR

Suite, Apt. #, etc.

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

US

3. Mailing Address

7256 FAIRFAX DR.

Suite, Apt. #, etc.

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

US

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **BARBARA DELLON**

Street Address (P.O. Box Number is Not Acceptable)

7256 FAIRFAX DR

City

TAMARAC

FL

Zip Code

33321

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barbara Dellon

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PROG (33321)
MORTON S. SCHORR
7256 FAIRFAX DR
TAMARAC FL 33321**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Morton S. Schorr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/03 (954) 720-9625

Date

Daytime Phone #

CR2E034B (12/02)