


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90027 005 ***150.00

DOCUMENT # P02000007835	
1. Entity Name MEDICAL MARKETS CONSULTANTS, INC.	

Principal Place of Business 115 NW 84TH WAY CORAL SPRINGS, FL 33071	Mailing Address 755 8TH CT. #4 P.O. BOX 650790 VERO BEACH, FL 32965
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2. Principal Place of Business 755 8th Ct. #4	3. Mailing Address
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Suite, Apt. #, etc. P.O. Box 650790	Suite, Apt. #, etc.
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City & State Vero Beach, FL	City & State
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Zip 32965	Country Indian River	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ZANDER, FRIEDEL M 755 8TH COURT, STE. #4 VERO BEACH, FL 32962	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZANDER, FRIEDEL M 755 8TH COURT, STE. #4 VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Friedel M. Zander** 1-16-06 569-5955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #