

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000013748 (8)

1. Corporation Name

MEDICAL MARKETPLACE INTERNATIONAL, INC.



Principal Place of Business

4010 BOY SCOUT BLVD
SUITE 1100
TAMPA FL 33607

Mailing Address

4010 BOY SCOUT BLVD
SUITE 1100
TAMPA FL 33607

3. Date Incorporated or Qualified
12/23/1992

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-3160408

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the corporation)

Signature of Registered Agent (if not the corporation)

DATE

12. OFFICERS AND DIRECTORS

11	12	13
TITLE	DCT	☐ DELETE
NAME	KRIEVER, R B	
STREET ADDRESS	4010 BOY SCOUT BLVD	
CITY- ST- ZIP	TAMPA FL 33607	
TITLE	D	☒ DELETE
NAME	ROSS, DENNIS M	
STREET ADDRESS	4010 BOY SCOUT BLVD	
CITY- ST- ZIP	TAMPA FL 33607	
TITLE	DP	☒ DELETE
NAME	KNOTT, JEFF C	
STREET ADDRESS	4010 BOY SCOUT BLVD	
CITY- ST- ZIP	TAMPA FL	
TITLE	S	☐ DELETE
NAME	ROBINSON, CHARLES E	
STREET ADDRESS	4010 BOY SCOUT BLVD	
CITY- ST- ZIP	TAMPA FL 33604	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	12	13
TITLE	DPT	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

R. B. Kriever

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-873-4334

DATE

City/State/Phone #

CR2E034 (12/95)