FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000009173 (4)**

1. Corporation Name
HEALTHCARE MARKETING MANAGEMENT, INC.

Principal Place of Business	Mailing Address
RT 4 BOX 39W DEFUNIAK SPRINGS FL 32433	RT 4 BOX 39W DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 367 CAT ISLAND ROAD
22: Suite, Apt. #, etc.
23: City & State: DEFUNIAK SPRINGS, FL
24: Zip: 32433
25: Country: WALTON

2a. Mailing Address
26: P.O. BOX 453
27: Suite, Apt. #, etc.
28: City & State: DEFUNIAK SPRINGS, FL
29: Zip: 32433
30: Country: WALTON

4. FEI Number: APPLIED FOR 59-3304395 ☐ 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

9. Name and Address of Current Registered Agent

MONTGOMERY, JOEL O
RT 4 BOX 39W
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 367 CAT ISLAND ROAD
83
84 City: DEFUNIAK SPRINGS FL 85 Zip Code: 32433

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 accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	MONTGOMERY, JOEL O	12 NAME	
STREET ADDRESS	RT 4 BOX 39 W.	13 STREET ADDRESS	367 CAT ISLAND ROAD
CITY ST ZIP	DEFUNIAK SPRINGS FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	MONTGOMERY, SHARON A	22 NAME	MONTGOMERY, SHARON A
STREET ADDRESS	RT 4 BOX 39	23 STREET ADDRESS	367 CAT ISLAND ROAD
CITY ST ZIP	DEFUNIAK SPRINGS FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: Joel O. Montgomery 4-26-95 904-892-3556
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #
Joel O. MONTGOMERY

0411002 FP