CORPORATION
ANNUAL REPORT
1995

FILED
95 MAR 22 PM 2:20
SECRETARY OF STATE

DOCUMENT #
P93000034112 (1)

1. Corporate Name
Medical Management & Research, Inc.

Mailing Address
2921-C-Lichen-Lane
Clearwater, FL 34620

Principal Place of Business
2921-C-Lichen-Lane
Clearwater, FL 34620

If above addresses are incorrect, any changes must be made on forms provided by Division of Corporations

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5-11-93
3a. Date of Last Report: 2-5-94

2. Mailing Address
21 1910 Oakdale Lane N
Suite Apt # etc
22
City & State
23 Clearwater, FL
Zip 24 34624
Country 25 USA

2a. Principal Place of Business
26 1910 Oakdale Lane N
27
City & State
28 Clearwater, FL
Zip 29 34624
Country 30 USA

4. FEI Number: 59-3181309
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. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent
Fabrizio, Holly K
2921-C-Lichen-Lane
Clearwater, FL 34620

10. Name and Address of New Registered Agent
81 Name: Holly Kay Weisel
82 Street Address (P.O. Box Number is Not Acceptable): 1901 Oakdale Lane North
83
84 City: Clearwater FL 85 Zip Code: 34624

11. Pursuant to the provisions of Sections 607.0502 and 607.1504 or Sections 617.0502 and 617.1504, 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 or 617.0503, Florida Statutes.

SIGNATURE: Holly Kay Weisel
(Registered Agent's Signature)
DATE 3-17-95

12. OFFICERS AND DIRECTORS

11 TITLE	P/D
12 NAME	Holly K. Fabrizio
13 STREET ADDRESS	2921-C-Lichen-Lane
14 CITY, ST, ZIP	Clearwater, Fl 34620
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D
12 NAME	Holly Kay Weisel
13 STREET ADDRESS	1901 Oakdale Lane North
14 CITY, ST, ZIP	Clearwater, FL 34624
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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14. I do hereby certify that the information supplied with this report is mandatory, hereby Division of Corporations from any liability of non-compliance with Section 119.07 that the information indicated on this annual report or supplemental annual report that I have fulfilled all obligations concerning unclaimed property, required by, empowered to execute this report as required by Chapter 607 or Chapter 617 with an exclusion

and, based upon, for the exemption stated in Section 119.07(3)(h), Florida Statutes, I request that the information supplied be deemed exempt from public access. I further certify that the information supplied will my signature shall have the same legal effect and force under oath. I hereby declare, that I am an officer or director of the corporation or the receiver or trustee or other fiduciary, and that this report appears on Page 1 of Page 1 of the report to which an attachment is attached.

RC

SIGNATURE: Holly Kay Weisel
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

3-17-95 813-536-5787