

FILED
Apr 23, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000006315 1. Entity Name MEDICAL PUBLISHING & MARKETING, INC.	
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Principal Place of Business 112 SOUTH HIBISCUS DRIVE %HILARY LANGEN, ESQ. MIAMI, FL 33139-5130	Mailing Address 112 SOUTH HIBISCUS DRIVE %HILARY LANGEN, ESQ. MIAMI, FL 33139-5130
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

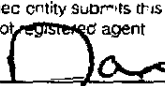
4. FEI Number 65-0648432	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LANGEN, MAX
112 S. HIBISCUS DRIVE
MIAMI, FL 33139**

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IN THIS SPACE**

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:  DATE: **4/15/05**

Signature typed and typed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when renewing.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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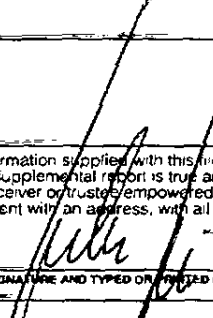
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD KNIPS, JOCHEN 15801 BISCAYNE BLVD #203 MIAMI, FL 33162
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

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04/23/05-80047-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  DATE: **4/20/05** 305 948 4302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR