

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006315

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: MEDICAL PUBLISHING & MARKETING, INC.

## Current Principal Place of Business:

112 SOUTH HIBISCUS DRIVE  
%HILARY LANGEN, ESQ.  
MIAMI, FL 331395130

## New Principal Place of Business:

5213 WOODLAND BAY DR  
BELMONT, NC 28012

## Current Mailing Address:

112 SOUTH HIBISCUS DRIVE  
%HILARY LANGEN, ESQ.  
MIAMI, FL 331395130

## New Mailing Address:

5213 WOODLAND BAY DR  
BELMONT, NC 28012

FEI Number: 65-0648432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KNIPS, JOCHEN  
Address: 15801 BISCAYNE BLVD. #203  
City-St-Zip: MIAMI, FL 33162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KNIPS, JOCHEN  
Address: 5213 WOODLAND BAY DR  
City-St-Zip: BELMONT, NC 28012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOCHEN KNIPS

PD

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date