

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90023 023 ***150.00

DOCUMENT # P96000048825

1. Corporation Name

MEDICAL MARKETING AND SALES OF NORTH FLORIDA, IN
C.

Principal Place of Business

610 JULIA STREET
JACKSONVILLE FL 32202

Mailing Address

P.O. BOX 1644
ORANGE PARK FL 32067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1996

4. FEI Number

59-3385904

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1600 PARK AVE.

2a. Mailing Address

26 P.O. Box 2777

Suite, Apt. #, etc.

22 Suite 5

Suite, Apt. #, etc.

23 Orange Park, FL

28 Orange Park, FL

24 Zip 32073 Country USA

29 Zip 32067 Country USA

9. Name and Address of Current Registered Agent

WATSON, TODD-
7785 BAYMEADOWS WAY
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

DAVID J. MUYRES

82 Street Address (P.O. Box Number is Not Acceptable)

2412 STOCKTON DR.

83

84 City

GREEN COVE SPRINGS FL

85 Zip Code

32043

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

Signature, typed or printed name of registered agent and title if applicable.

DAVID J. MUYRES - President

3/17/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PDST ☒ DELETE
NAME GAUDRY, CHARLES L JR
STREET ADDRESS 10518 FORT GEORGE RD
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE PDST ☐ DELETE
NAME DAVID J. MUYRES
STREET ADDRESS 2412 STOCKTON DR.
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 without address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99 (904) 269-1156

Date

Daytime Phone #

CR2E034 (11/98)