ILE 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 Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90121 009 ***158.75

DOCUMENT # P96000064906

CONSULTING MEDICAL MARKETING, INC.

Principal Place of Business			Mailing Address				t Jillitfill iin inten mitte metri	ORINI RONS BON	18 Elsti 86918 28121 E	18 11 4 8 114 1 98 1	
4233 SHERICIAN AVENUE			4233 SHERIDAN AVENUE								
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140								DO NOT W	RITE IN THI	IS SPACE	
							-	3. Date incorporated or Qualife	ed		
			<u></u>			2 %.	٠ . ١٠	08/02/1996		-	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Apr	plied For
21			26					65-0693321			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	2	\$8.75 A	
22			27							Fee Rec	·
City & State			City & State					 Election Campaign Financin Trust Fund Contribution 	g 🗆	\$5.00 t Added to	
Zip Coun ry			Zip Cour					8. This corporation owes the co			71 663
24	25	· -	29	30	zana y			Person al Property Tax.	urrent year i		No
	9. Name and Add	+		30	1			0. Name and Address of Nev	v Registere		-
					81	Name					
	i, Howard				92	Stroot A	Ad droop	(P.O. Box Number is Not Acce	ntable)		
4233 SHERIDAN AVENUE					02	82 Street Addr		(F.O. BOX NUMBER IS NOT ACCC	, , , , , , , , , , , , , , , , , , ,		
MIAI	MI BEACH FL 3314	D			83						
						84 City				85 Zip C	c de
	0					· '			F	I _	
11. Pursuant office or ragent. a	egister.	e State o F	nd 607.1508, Florida Statu Torida. Such change was s of, Section 607.0505, Fl	res, the authorize crida Sta	above ed by atutes	e-named of the corporation	co porat ration's	tion submit; this statement for the board of directors. I hereby account	ne purpose c ept the app	if changing its reginiting	registered jistered
SIGNATURE		· ·									
	Signature 140ed or printed rec					nt signature re	dw bei upe	en reinstating)	DATE	ND DIDECTO	OC IN 12
12.		OFFICERS AND		13				ADDITIC NS/CHANGES TO C	JFFICERS F	Change	Addition
TITLE	D ACH HOWARD		☐ DELETE	4	TITLE					change	
NAMÉ	ASH, HOWARD \$ 4233 SHERIDAN AVENUE		a de la companya de		1.2 NAME						
LANALA DEACH EL OC						1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					ļ
CITY-ST-ZIP TITLE	MIAMI DEACH FL	33140	☐ DELETE		TITLE	1-ZIP				Change	Addition
NAME					NAME					_ ,	
STREET ADDRE IS				1		T ADDRESS					
CITY-ST-ZIP				-	CITY-S	1					
TITLE			☐ DELETE		TITLE	51-Eii				☐ Change	Addition
NAME				32	NAME						
STREET ADDRESS				3.3	STREE	TADDRESS					
CITY-ST-ZIP				34.	CITY-S	ST-ZIP					
TITLE			☐ DELETE	4.1	TITLE					☐ Change	☐ Addition
NAME				4. 2	NAME						
STREET ADDRE ;S				4.3	STREE	TADDRESS					-
CITY-ST-ZIP				4.4	CITY-S	T-ZIP					
TITLE			☐ DELETE		TITLE					☐ Change	☐ Addition
NAME				1	NAME						
STREET ADDRE 3S				1		TADDRESS					
CITY-ST-ZIP					CITY-S	T-ZIP					TA LES
TITLE	F		☐ DELETE	■ 6.1	TITLE	1				Change	☐ Addition

14. I hereb / 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 supplier ental 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 of 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 organ an attachment with an address, with a lother like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

04-20-99

305-531-2489