

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000033457

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL RESEARCH MANAGEMENT, INC.

**Current Principal Place of Business:**

7656 NW 116TH LANE  
PARKLAND, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

7656 NW 116TH LANE  
PARKLAND, FL 33076

**New Mailing Address:**

**FEI Number:** 65-0845656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATZAT, JILL  
7656 NW 116TH LANE  
PARKLAND, FL 33076 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MATZAT, JILL  
Address: 7656 NW 116TH LANE  
City-St-Zip: PARKLAND, FL 33076

Title: VP  
Name: MATZAT, PHIL M  
Address: 7656 NW 116TH  
City-St-Zip: PARKLAND, FL 33076

I hereby 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 all other like empowered.

SIGNATURE: PHIL MATZAT

VP

04/26/2012

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

\_\_\_\_\_  
Date