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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000074793**

1. Corporation Name
MEDICAL RESOURCE MARKETING, INC.

Principal Place of Business	Mailing Address
~~7790 NW 64 ST~~	~~7790 NW 64 ST~~
~~MIAMI FL 33166~~	~~MIAMI FL 33166~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1998

2. Principal Place of Business	2a. Mailing Address
21 9356 SW Bird Road	26 8567 Coralway
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 221
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33165 Country 25 US	Zip 29 33155 Country 30 US

4. FEI Number: 65-0866523 ☐ 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

9. Name and Address of Current Registered Agent

LORENZO, PABLO
7790 NW 64 ST
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: Ralph Monroe
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

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] RALPH, Monroe DATE: 4/27/99
Signature, type or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	LORENZO, PABLO		1.2 NAME	Monroe, Ralph	
STREET ADDRESS	7790 NW 64 ST		1.3 STREET ADDRESS	8567 Coralway Suite 221	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-ST-ZIP	Miami FL 33155	
TITLE	VTD	☑ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	MONROE, RALPH		2.2 NAME		
STREET ADDRESS	7790 NW 64 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED 4-27-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #