

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000099262

1. Entity Name
MEDICAL MANUFACTURERS REPRESENTATIVE, INC.



Principal Place of Business
**3220 AQUA VISTA DRIVE
POMPANO BEACH, FL 33062**

Mailing Address
**3220 AQUA VISTA DRIVE
POMPANO BEACH, FL 33062**



02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, JOHN S
3220 AQUA VISTA DRIVE
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000833337
03/06/08-80003-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, JOHN S
STREET ADDRESS	3220 AQUA VISTA DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33062

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Scott Davis
John Scott Davis

2/16/08 954-941-8966
2/16/08 954-941-8966