FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S09510 (6)

1. Corporation Name
MEDICAL MARKETING & SALES, INC.

Principal Place of Business	Mailing Address
1994 - A KINGSLEY AVENUE ORANGE PARK FL 32073	1994 - A KINGSLEY AVENUE ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1990
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 2024 HENDRICKS AVE	26 Medical Marketing & Sales, Inc.	59-3029350 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 1644	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 JACKSONVILLE, FL	City & State 28 ORANGE PARK, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 24 32207 / 25 USA	Zip / Country 29 32067-1644 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MUYRES, DAVID J. 1994 - A KINGSLEY AVE. ORANGE PARK FL 32073	81 Name: MUYRES DAVID J. 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: DAVID J. MUYRES x David J Muyres 3/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	P	☒ Change ☐ Addition
NAME	MUYRES, DAVID J.	12 NAME		
STREET ADDRESS	2412 STOCKTON DR	13 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL	14 CITY-ST-ZIP	32043	
TITLE		21 TITLE	S	☐ Change ☒ Addition
NAME		22 NAME	CARL R. SHIPLEY	
STREET ADDRESS		23 STREET ADDRESS	850 WATERMAN ROAD N.	
CITY-ST-ZIP		24 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		31 TITLE	T	☐ Change ☒ Addition
NAME		32 NAME	MUYRES, ~~DAVID~~ THOMAS J.	
STREET ADDRESS		33 STREET ADDRESS	6109 BANYAN CIRCLE	
CITY-ST-ZIP		34 CITY-ST-ZIP	ORANGE PARK, FL	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: David J Muyres 3-15-95 (904) 269-8050
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID J. MUYRES, PRESIDENT

0004009 CP