

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S09510 (6)

1. Corporation Name

MEDICAL MARKETING & SALES, INC.



Principal Place of Business

2024 HENDRICKS AVE
JACKSONVILLE FL 32207
US

Mailing Address

MEDICAL MARKETING & SALES, INC
P.O. BOX 1644
ORANGE PARK FL 32067-1644
US

3. Date Incorporated or Qualified

10/09/1990

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 610 JULIA ST.

26

4. FEI Number

59-3029359

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

JACKSONVILLE, FL

28 City & State

24 Zip 32202

25 Country USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUYRES, DAVID J
2412 STOCKTON DR
GREEN COVE SPRINGS FL 32043

81 Name

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 (Typed or Printed Name of Registered Agent and Director)

Signature (Typed or Printed Name of Registered Agent and Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P. S.
MUYRES, DAVID J.
STREET ADDRESS 2412 STOCKTON DR
CITY-STATE-ZIP GREEN COVE SPRINGS FL

TITLE ☒ DELETE

NAME ~~S~~
~~SHIPLEY, CARL R~~
STREET ADDRESS ~~650 WATERMAN ROAD N.~~
CITY-STATE-ZIP ~~JACKSONVILLE FL~~

TITLE ☐ DELETE

NAME T
MUYRES, THOMAS J
STREET ADDRESS 6109 BANYAN CIRCLE
CITY-STATE-ZIP ORANGE PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Muyres
DAVID J. MUYRES PRES.

5-1-96

Date

904 358-9583

Secretary of State

CR2E034 (12/95)