

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90089 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S85313

1. Corporation Name
ADVANCED MEDICAL MESSAGING, INC.

Principal Place of Business
**407 WEKIVA SPRINGS ROAD, SUITE 205
LONGWOOD FL 32779**

Mailing Address
**407 WEKIVA SPRINGS ROAD, SUITE 205
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/1991

4. FEI Number
59-3090785

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

2. Principal Place of Business
21 837 Eagle Claw Court
Suite, Apt. #, etc.

2a. Mailing Address
26 837 Eagle Claw Court
Suite, Apt. #, etc.

22 City & State
23 Longwood, FL 32746

27 City & State
28 Longwood, FL 32746

24 Zip Country
32746 USA

29 Zip Country
32746 USA

9. Name and Address of Current Registered Agent

**KENNEY, JACK M
407 WEKIVA SPRINGS RD.
SUITE 205
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 837 Eagle Claw Court
84 City
Lake Mary
85 Zip Code
FL 32746

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENNEY, JACK M	
STREET ADDRESS	837 EAGLE CLAW CT.	
CITY-ST-ZIP	LAKE MARY FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNEY, DOROTHY H	
STREET ADDRESS	837 EAGLE CLAW CT.	
CITY-ST-ZIP	LAKE MARY FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32746

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32746

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 407-302-3512

CR2E034 (11/98)