

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9: 57

DOCUMENT # P93000083893 (6)

1. Corporation Name

PROFESSIONAL MEDICAL COMMUNICATIONS, INC.

Principal Place of Business

**11175 ASPEN GLEN DR.
BOYNTON BEACH FL 33437**

Mailing Address

**11175 ASPEN GLEN DR.
BOYNTON BEACH FL 33437**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/08/1993

3a. Date of Last Report

05/13/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

4. FBI Number

65-0458990

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

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES INC
C/O UNITED CORPORATE SERVICES INC
801 NE 187 STREET SUITE 300
NO MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DP
WEITZ, JAY
11175 ASPEN GLEN DR.
BOYNTON BEACH FL**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

**DT
MARKMAN, IRWIN
11175 ASPEN GLEN DR.
BOYNTON BEACH FL**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

**DS
KESSLER, JOSEPH
11175 ASPEN GLEN DR.
BOYNTON BEACH FL**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

**DS
KESSLER, JOSEPH
11175 ASPEN GLEN DR.
BOYNTON BEACH FL**

NAME

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TITLE

**DS
KESSLER, JOSEPH
11175 ASPEN GLEN DR.
BOYNTON BEACH FL**

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 checked, or on an attachment with an address.

SIGNATURE

Joseph Kessler
JOSEPH KESSLER

4/1/95

(407) 364-5200