

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

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000083893 (6)**  
 1. Corporation Name  
**PROFESSIONAL MEDICAL COMMUNICATIONS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>11175 ASPEN GLEN DR.                  BOYNTON BEACH FL 33437</b>	Mailing Address <b>11175 ASPEN GLEN DR.                  BOYNTON BEACH FL 33437</b>
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<b>2.</b> Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a.</b> Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	<b>3.</b> Date Incorporated or Qualified <b>12/08/1993</b> <b>4.</b> FEI Number <b>65-0459990</b> <b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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)  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEITZ, JAY	
STREET ADDRESS	11175 ASPEN GLEN DR.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MARKMAN, IRWIN	
STREET ADDRESS	11175 ASPEN GLEN DR.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KESSLER, JOSEPH	
STREET ADDRESS	11175 ASPEN GLEN DR.	
CITY-ST-ZIP	BOYNTON BEACH FL	
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 type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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.

SIGNATURE *Joseph Kessler* **JOSEPH KESSLER** 2/5/98 (511) 344-5200 (511) 433-7089

CR2E034 (10/97)