FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 PM 3:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000058890 (2)

1. Corporate Name: MEDICAL COMMUNICATIONS OF AMERICA, INC.

Principal Office: 3825 HENDERSON BLVD. SUITE 504 TAMPA FL 33629

Mailing Address: 3825 HENDERSON BLVD. SUITE 504 TAMPA FL 33629

3. Date Incorporated or Qualified: 08/08/1994

3a. Date of Last Report:

2. Principal Address: 21 SAME

Suite, Apt. #, etc.: 22 205

City & State: 23 SAME

City: 24 SAME County: 25

2a. Mailing Address: 26 SAME

Suite, Apt. #, etc.: 27 205

City & State: 28 SAME

City: 29 SAME County: 30

4. FEI Number: 59-3298417 — 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. Does corporation qualify for reduced fee under S. 607.0122 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:

RAY, DEBORAH A
3825 HENDERSON BLVD., SUITE 504
TAMPA FL 33629

10. Name and Address of New Registered Agent:

81 Name: SAME

82 Street Address (P.O. Box Number is Not Acceptable): 3825 Henderson Blvd.

83 Suite 205

84 City: SAME FL 85 Zip Code: SAME

11. Pursuant to the provisions of Section 607.0501, 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 and it is authorized by the corporation's board of directors. Thereby accepted the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE: Deborah A. Ray, Agent — Deborah A. Ray — 4/25/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAY, DEBORAH A
STREET ADDRESS	3825 HENDERSON BLVD., SUITE 504
CITY, ST, ZIP	TAMPA FL 33629
TITLE	D
NAME	CARROW, DONALD
STREET ADDRESS	3825 HENDERSON BLVD., SUITE 504
CITY, ST, ZIP	TAMPA FL 33629

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	Suite #205	
CITY, ST, ZIP		
TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	Suite #205	
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report is substantially identical to that required to be reported in Section 607.0505, Florida Statutes. I further certify that the information contained in the 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 a director or officer of the corporation or the registered agent (or trustee, disposition) to execute the report as required by Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or is attached with an addition.

SIGNATURE: Deborah A. Ray, Director — 4/25/95 — (813) 282-1522

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Deborah A. Ray, Director

0301482 CP