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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000058890 (2)

1. Corporation Name

MEDICAL COMMUNICATIONS OF AMERICA, INC.

Principal Place of Business

3825 HENDERSON BLVD
STE 205
TAMPA FL 33629
US

Mailing Address

3825 HENDERSON BLVD
STE 205
TAMPA FL 33629-5002
US

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

04/24/1996

4. FEI Number

59-3298417

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 4908 CREEKside DR.

26 4908 CREEKside DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C

27 C

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 34620

25 06

29 34620

30 05

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY, DEBORAH A
3825 HENDERSON BLVD
STE 205
TAMPA FL 33629

81 Name

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

4908-C CREEKside DR.

83

84 City Clearwater

FL

85 Zip Code 34620

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

Deborah A. Ray, Agent

Signature, typed or printed name of registered agent and title if not officer

(NOTE: Registered Agent signature required when reinstating)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME RAY, DEBORAH A
STREET ADDRESS 3825 HENDERSON BLVD, STE 205
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME CARROW, DONALD
STREET ADDRESS 3825 HENDERSON BLVD, STE 205
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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14. I do 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: Deborah A. Ray, Agent

4/29/97

813/573-2977

CR2E034 (9/96)