FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058890 (2)

1. Corporation Name

MEDICAL COMMUNICATIONS OF AMERICA, INC.

Principal Place of Business: 3825 HENDERSON BLVD. SUITE 504, TAMPA FL 33629

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

DO NOT WRITE IN THIS SPACE

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

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 SAME
Suite, Apt. # etc. 22 205	Suite, Apt. # etc. 27 205
City & State 23 SAME	City & State 28 SAME
Zip 24 SAME / County 25	Zip 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. This corporation is exempt ... 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 Sections 607.0502 and 617.0502, 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 — Deborah A. Ray — 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☑ Change ☐ Addition	
NAME	RAY, DEBORAH A	NAME	
STREET ADDRESS	3825 HENDERSON BLVD., SUITE 504	STREET ADDRESS	Suite #205
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	
TITLE	D	☑ Change ☐ Addition	
NAME	CARROW, DONALD	NAME	
STREET ADDRESS	3825 HENDERSON BLVD., SUITE 504	STREET ADDRESS	Suite #205
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	
TITLE		☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

Deborah A. Ray, Director

0301482 CP