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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:21

DOCUMENT # **F94000002339 (9)**

1. Corporation Name
MEDICAL COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1230 N. UNIVERSITY DR. PLANTATION FL 33322-4724	1230 N. UNIVERSITY DR. PLANTATION FL 33322-4724

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report: NONE

2. Principal Place of Business — 21: SAME
2a. Mailing Address — 26: SAME

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

City & State — 23:
City & State — 28:

Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0278645 ☐ 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

TASHJIAN, HAGOP
1230 N. UNIVERSITY DR.
PLANTATION FL 33322

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 _____ DATE
(If not an officer, type or print) Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name altered.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	1.1 TITLE		☒ Change ☐ Addition
NAME	TASHJIAN, HAGOP	1.2 NAME		
STREET ADDRESS	~~1831 NW 99 AVE.~~	1.3 STREET ADDRESS	1230 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	RAGOSA, DENNIS	2.2 NAME		
STREET ADDRESS	7835 SADDLEBROOK DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34986	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DE GROOT, JOHN	3.2 NAME		
STREET ADDRESS	1498 NW 103 LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Hagop Tashjian HAGOP TASHJIAN President 1/30/95 305-472-8000
SIGNATURE(S) & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230103 CP