

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002339

1. Corporation Name

MEDICAL COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

1230 N. University Dr.
Plantation FL 33322

P.O. Box 17046
Plantation FL 33318

2. Principal Place of Business

2a. Mailing Address

21 1230 N. University Dr.

26 1230 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Plantation Florida

28 Plantation Florida

Zip

Country

Zip

Country

24 33322

25

29 33322

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

May 6, 1994

4. FEI Number

65-0278645

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

10. Name and Address of New Registered Agent

Hagop Z. Tashjian
1831 NW 99 Avenue
Plantation Florida 33322

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

Signature typed or printed name of registered agent and the corporation

(If Other Registered Agent, Signature Required when Submitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE
NAME Hagop Z. Tashjian
STREET ADDRESS 1831 NW 99 Avenue
CITY-STATE-ZIP Plantation Florida 33322

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE T ☐ DELETE
NAME Keith Rowland
STREET ADDRESS 20 N. Lake Street, #316
CITY-STATE-ZIP Forest Lake MN 55025

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME John deGroot
STREET ADDRESS 1498 NW 103 Lane
CITY-STATE-ZIP Coral Springs FL 33071

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME Dennis Ragosa
STREET ADDRESS 7835 Saddlebrook Drive
CITY-STATE-ZIP Ft. Pierce FL 34986

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAGOP Z. TASHJIAN
PRESIDENT

DATE

Daytime Phone

4/8/96 954-472-8000

CR2E034 (12/95)