

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90086 045 ***150.00

DOCUMENT # F96000004209

1. Entity Name

IMPACT MEDICAL COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

125 NW 109TH AVE #202
 #101
 PEMBROKE PINES FL 33026

330 MADISON AVE
 21ST FLOOR
 NEW YORK NY 10017-5001
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12641 NW 56 Street

City & State

CORAL SPRINGS

Zip 33076 Country -

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3108337

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRECKO, LINDA
 125 NW 109TH AVE #202
 PEMBROKE PINES FL 33026

Name
 Street Address (P.O. Box Number is Not Acceptable)
 12641 NW 56 STREET
 City CORAL SPRINGS FL Zip Code 33076

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROPLICK, HOWARD	NAME	
STREET ADDRESS	33 WREN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	EAST HILLS NY	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROPLICK, ROSALIND	NAME	
STREET ADDRESS	33 WREN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	EAST HILLS NY	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERRATO, MICHAEL	NAME	
STREET ADDRESS	68 DORK WATCH HOLLOW	STREET ADDRESS	
CITY-ST-ZIP	WAVIEW NJ 07059	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #