

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 # **G11649** (2)

1. Corporation Name

MEDICOMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

**2090 PALM BCH LAKES BLVD. #903
WEST PALM BEACH FL 33409**

**2090 PALM BCH LAKES BLVD. #903
WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified

12/03/1982

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **2247 Palm Bch Lakes Blvd.**

26 **2247 Palm Bch Lakes Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 222**

27 **Suite 222**

City & State

City & State

23 **WEST PALM Bch, FLA**

28 **WEST PALM Bch, FLA**

Zip

Country

Zip

Country

24 **33409**

25 **US**

29 **33409**

30 **U.S.**

4. FEI Number

59-2239651

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

10. Name and Address of New Registered Agent

**SHELKOFKY, ELSIE FAYE
840 CITRUS PLACE
WEST PALM BEACH FL 33414**

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

Elsie Faye Shelkowsky, President

1-19-96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **SHELKOFKY, ELSIE FAYE**
STREET ADDRESS **840 CITRUS PLACE**
CITY-ST-ZIP **WEST PALM Bch. FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 on an attachment with an address.

SIGNATURE: *Elsie Faye Shelkowsky* **ELSIE FAYE SHELKOPSKY** **1-19-96** **407-688-0424**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)