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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
2241 PALM BEACH LAKES BLVD
SUITE 222
WEST PALM BEACH FL 33409
US

Mailing Address
2247 PALM BEACH LAKES BLVD
SUITE 222
WEST PALM BCH FL 33409-3470
US



3. Date Incorporated or Qualified 12/03/1982
3a. Date of Last Report 04/22/1996

2. Principal Place of Business
21 2247 Palm Beach Lakes
Suite, Apt. #, etc.
22 222
City & State
23 West Palm Bch FL
Zip
24 33409 Country
25 Palm Bch
26 27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

10. Name and Address of New Registered Agent

81 Name, Elsie Faye Shelkofskey
82 Street Address (P.O. Box Numbers Not Acceptable) 7105 GRASSY BAY DRIVE
83
84 City West Palm Beach FL
85 Zip Code 33411

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	ELsie Faye Shelkofskey
NAME	SHELKOFKY, ELSIE FAYE	1.2 NAME	
STREET ADDRESS	840 CITRUS PLACE	1.3 STREET ADDRESS	7105 GRASSY BAY DRIVE
CITY - ST - ZIP	WEST PALM BCH. FL	1.4 CITY - ST - ZIP	West Palm Beach, FL 33411
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 Shelkofskey* 3-1-97 561-688-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)