

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90312 030 \*\*\*150.00

**DOCUMENT # P00000116092**

1. Entity Name

**MEDICAL COMMUNICATION COMPANY, INC.**

Principal Place of Business

Mailing Address

1728 LARSON STREET  
 ENGLEWOOD FL 34223

1728 LARSON STREET  
 ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **74-2805717**

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

**OWENS, SHEILA K**  
**1728 LARSON STREET**  
**ENGLEWOOD FL 34223**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOT Registered Agent's signature required when reinstating)

DATE

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, 2001 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

TITLE  Delete  
 NAME **D OWENS, SHEILA K**  
 STREET ADDRESS **1728 LARSON STREET**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D OWENS, DALE S**  
 STREET ADDRESS **1728 LARSON STREET**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and filed this report, or on an attachment with an address, with all other like empowered

SIGNATURE:

*Sheila K. Owens*  
 SHEILA K. OWENS

5-2-01

941 473 5479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)