FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90125 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116092

1. Entity Name
Medical Communications Company, Inc.

DO NOT WRITE IN THIS SPACE

640010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1728 Larson Street		1728 Larson Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Englewood, FL		City & State: Englewood, FL	
Zip: 34223	Country: U.S.A.	Zip: 34223	Country: U.S.A.

4. FEI Number: 74-2805717 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Sheila K. Owens
Street Address (P.O. Box Number is Not Acceptable): 1728 Larson Street
City: Englewood FL Zip Code: 34223

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: Sheila K. Owens president 4-12-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Sheila K. Owens
STREET ADDRESS	1728 Larson Street
CITY-ST-ZIP	Englewood, FL 34223
TITLE	D
NAME	Dale S. Owens
STREET ADDRESS	1728 Larson Street
CITY-ST-ZIP	Englewood, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila K. Owens 4-12-02 941 473 5479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #