

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000116092

1. Entity Name
MEDICAL COMMUNICATION COMPANY, INC.



Principal Place of Business

1728 LARSON STREET
ENGLEWOOD, FL 34223

Mailing Address

1728 LARSON STREET
ENGLEWOOD, FL 34223



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

OWENS, SHEILA K
1728 LARSON STREET
ENGLEWOOD, FL 34223

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10, or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheila K. Owens 4-14-05 94-473
5479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #