

DOCUMENT # P97000032501

1. Entity Name
MEDCOM FACILITIES, INC.

03-15-2001 90022 037 ***150.00

Principal Place of Business	Mailing Address
701 SPOTTIS WOODS LN. CLEARWATER FL 34616	701 SPOTTIS WOODS LN. CLEARWATER FL 34616

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 59-3449679		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPPARD, PATRICK
701 SPOTTIS WOODS LN.
CLEARWATER FL 34616

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="text-align: center; font-weight: bold; font-size: 1.5em;">FL</div>
	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. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWELL, HOWARD L 701 SPOTTIS WOODS LN. CLEARWATER FL 34616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEPPARD, PATRICK 701 SPOTTIS WOODS LN. CLEARWATER FL 34616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP						<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/5/01 727 441 4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)