2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P98000094692

Entity Name: PAULA G. DAVIS, PHD, MEDICAL COMMUNICATIONS, INC.

Current Principal Place of Business:

19670 BEACH ROAD, APT. 623
TEQUESTA, FL 33469

New Principal Place of Business:

19670 BEACH ROAD
APT. 623
TEQUESTA, FL 33469

Current Mailing Address:

19670 BEACH ROAD, APT. 623
TEQUESTA, FL 33469

New Mailing Address:

19670 BEACH ROAD
APT. 623
TEQUESTA, FL 33469

FEI Number: 65-0878384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, PAULA G
19670 BEACH ROAD, APT. 623
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

DAVIS, PAULA G
19670 BEACH ROAD
TEQUESTA, FL 33469 US

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: _____ 06/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: DAVIS, PAULA G
Address: 19670 BEACH ROAD, APT 623
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA G. DAVIS PRES 06/16/2009
Electronic Signature of Signing Officer or Director — Date