## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 12 1997 8:00am

Secretary of State

13/4/97 (352)867-8687 Dayline Prone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # K96455

(6)

MEDICAL TRANSCRIPTION SERVICE OF OCALA, INC.

Principal Place of Business Mailing Address				- I HARARAK EUR INHAN WALIT WEGOL EHROL DALL	STARL BION BION BION BION BLOKE ITY	
200 S. W. 8TH STREET. SUITE B 200 S. W. 8TH STREET. SOCALA FL 32671 OCALA FL 34474-4252			SUITE B		-	
					3. Date Incorporated or Qualified 06/14/1989	3a. Date of Last Report 02/01/1996
2, Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	B. or.	26			59-2956081	Not Applicable
Suite, Apt -	#. UK.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country		8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30			Yes No
AVID	<ol> <li>Name and Address of Current ES, BENJAMIN H.</li> </ol>	Hegistered Agent	81 1	lame	10. Name and Address of New Reg	istered Agent
	SE 17TH ST., SUITE 802					
	LA FL 32871		62 8	Street Addre	ss (P.O. Box Number is Not Acceptable	e)
00.			63	<del></del>		
				···		10-11-11
			84 (	City		FL 85 Zip Code
11. Pursuant I	o the provisions of Sections 607 0502	and 607, 1508, Florida Statu	ites, the above-n	amed corpo	oration submits this statement for the prons board of directors. I hereby accep	rpose of changing its registered
agent Lar	n familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statutes.	e corporatio	on's board of directors. Thereby accep	tine appointment as registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·					
12.	Egil atum (typestic) pracemoan motorgislered agen OFFICERS AND		TE: Registered Agent s	gnature require	d when re-instating)  ADDITIONS/CHANGES TO OFFICE	DATE  EDG AND DIDECTORS IN 12
W.F	D	DELETE	1.1 Title	T	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	PAISLEY, CAROL F	_	1.2 NAME			
STREET AUDRESS	200 S. W. 8TH ST, STE B		1.3 STREET AD	XRESS		
CI*Y-St-7/P	OCALA FL		1 4 CITY - ST - Z	P		
101.05	D	DELETE	2 1 TITLE			Change Addition
NAME	PAISLEY, C. WINFIELD		2.2 NAME			
STHEET ADDRESS	200 SW 8TH STREET, STE B		2.3 STREET ADI	DRESS		
CHY-ST-ZP	OCALA FL	[ DELETE	2. 4 CITY - ST - 2	TIP		
THE		[] DELETE	3.1 FITLE	1		☐ Change ☐ Addition
NAMI.			3.2 NAME	DEGG		
STREET ADDRESS OGY-ST-7 P			3.3 STREET ADI	1		
1111		DELETE	3.4. CITY-ST-7 4.1 TITLE	<u> </u>		Change Addition
NAME			4. 2 NAME	ĺ		and overgo and nation
STREET ADDRESS			4.3 STREET ADI	PRESS		
CITY-ST-7F			4.4 GITY - \$1 - Z	P		
7:TLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADD	RESS		
CITY - ST - ZiF	1 MARK CO. Made		5.4 CITY-ST-Z	P		
Tillf		☐ DELETE	61 TITLE			Change Addition
NAME			62 NAME			
STREET ADORESS			63 STREET ADD			
01) S1-2#   14   Lde hereb	v certify that the information supplied	with this filing does not goal	6.4 CITY-ST-Z		in Section 119.07(3)(i), Florida Statutes	I further certify that the
informátici Lam an of	i indicated on this annual report or su	pplemental ännual report is he receiver or trustee empor	true and accurat vered to execute	e and that r	my signature shall have the same legal as required by Chapter 607 Florida St	effect as if made under oath; that