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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K96455

(6)

MEDICAL TRANSCRIPTION SERVICE OF OCALA, INC.

Principal Place of Business

Mailing Address

200 S. W. 8TH STREET. SUITE B OCALA FL 32671 200 S. W. 8TH STREET. SUITE B

FILED Jan 20 1998 8:00am Secretary of State

"看管



OCALA FL 32671		OURLA PL 320/1			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						06/14/1989		
	ace of Businoss	2a. Mailing Address				4. FEI Number		Applied For
21 2550	O W DUNNELLON R	0 26 2550 W. U	אלעט (VON	RD	59-2956081		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
27						4878		Required
City & State City & State			,,,			6. Election Campaign Financing		May Be
23 DUNNELLON, 1=1. 28 DUNNE		28 DUNNELLON	Country			Trust Fund Contribution		d to Fees
			Country	Country B. This corporation gives or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24 34433 25 29 34433 30 29 Name and Address of Current Registered Agent						10. Name and Address of New Registered		
ANE		. registores rigent	81	Name		4.87		
AYRES, BENJAMIN H.								
2100 SE 17TH ST., SUITE 802 OCALA FL 32671			82	82 Street Address (P.O. Box Number is Not Acceptable)				
UC	ALA PL 320/ I		83					
						CATALLY CONTROL OF THE CONTROL OF TH		
			84	City		FI	85 Zig	Code
11 Pursuant I	in the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes	s the above	e-named	corno	visition submits this statement for the nurroses	= 1 of changing	its registered
office or re	egistered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was au	ithorized by	/ the con	poratio	on's board of directors. I hereby accept the ap	pointment a	s registered
=	m tamiliar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statute:	5 .				
SIGNATURE	Skinature, typed or printed name of registered ages	nt and title (Canci)cable (NOTE:	Registered Age	ont signature	roquirec	d when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TIBLE	D	DELETE	1.1 TITLE		0		☐ Change	DRS IN 12
NAME	PAISLEY, CAROL F		1.2 NAME		P	AISLEY CHROL		
STREET ADDRESS	200 S. W. 8TH ST, STE B		1.3 STREET	ADDRESS	24	AISLEY CHRIL 150 W DUNNEILON RD. UNNEILON F1. 34433		Addition
CITY-ST-ZIP	OCALA FL		1.4 CITY- S	i1-ZIP	ו סד	NNNELLON F1. 34433		
TITLE	D	☐ DELETE	2 1 TITLE				Change	Addition
NAME	PAISLEY, C. WINFIELD		2.2 NAME			1 15 100		ļ
STREET ADDRESS	AAA AMI ATII ATREET ATE R		2.3 STREET ADDRESS			A Printer		
CITY+ST-ZIP	OCALA FL		2. 4 CITY-	S7 - ZIP				
TITLE		☐ DELETE	3.1 TITLE			9년 학생 (1954) - 구도 발생한	Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-7IP				
TITLE		DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					ļ
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	11 - 7IP	<u>L</u> .	W. W.		
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS	1			ļ
CITY-ST-ZIP			5.4 CITY-S	1 - ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME		1			
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY- S					
14. Lhereby c	ertify that the information supplied wi	th this filing does not qualify for	the exemp	tion state	d in S	Section 119.07(3)(i), Florida Statutes. I further of	ertify that th	e information
indicated officer or o	on this annual report or supplemental director of the corporation or the rece	t armual report is true and accur iver or trustee empowered to ex	rate and th xecute this	at my sig report as	inature Frequi	e shall have the same legal effect as if made u red by Chapter 607, Florida Statutes; and that	nder öath; ti my name a	nacram an ppears in
Block 12 (or Block 13 il changed, or on an attac	chment with an address.		,	n'	/	•	