

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90782 018 ***150.00

DOCUMENT # P00000052668

1. Entity Name

EXCEL MEDICAL TRANSCRIPTION, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

870 97th Avenue North

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34108

Country

Collier

Country

4. FEI Number

59-3649439

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

FRANK, ANN T.

Street Address (P.O. Box Number is Not Acceptable)

2124 AIRPORT ROAD S., SUITE 102

City

NAPLES

FL

Zip Code
34112

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LOVE, JACQUELINE
654 97th Avenue North
Naples, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ARNES, DONNA
675 104th Avenue N.
Naples, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WARFLE, JANICE
824 102nd Avenue N.
Naples, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Warfle, Treas.

4/12/02

Date

941-596-8868

Daytime Phone #

CR2E034B (12/01)