

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000052558

FILED  
Mar 06, 2003  
Secretary of State

Entity Name: EXCEL MEDICAL TRANSCRIPTION, INC.

**Current Principal Place of Business:**

870 97TH AVENUE NORTH  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

654 97TH AVE N  
NAPLES, FL 34108

**New Mailing Address:**

870 97TH AVE N  
NAPLES, FL 34108

FEI Number: 59-3649439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRNAK, ANN T  
2124 AIRPORT RD S, SUITE 102  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

FRANK, ANN T  
2124 AIRPORT RD S, SUITE 102  
NAPLES, FL 34112 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: ANN T. FRANK

03/06/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOVE, JACQUELINE  
Address: 654 97TH AVE N  
City-St-Zip: NAPLES, FL 34108

Title: D (X) Delete  
Name: ARNES, DONNA  
Address: 675 104TH AVE N  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: WARFLE, JANICE  
Address: 824 102ND AVE N  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LOVE, JACQUELINE  
Address: 742 97TH AVE N  
City-St-Zip: NAPLES, FL 34108

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACQUELINE LOVE

D

03/06/2003

Electronic Signature of Signing Officer or Director

Date