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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 24 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Entity Name *02 000002055*

RADIOLOGY TRANSCRIPTION ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5164 SW 94 AVENUE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State COOPER CITY, FL		City & State	
Zip 33328	Country	Zip	Country

DO NOT WRITE IN THIS SPACE *03*

4. FEI Number 65-0680386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name SAB GROUP PA
Street Address (P.O. Box Number is Not Acceptable) 20370 NE 22 PLACE
City MIAMI
State FL
Zip Code 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CAROL ANN SANCHEZ 5164 SW 94 AVENUE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAROL ANN SANCHEZ 5164 SW 94 AVENUE COOPER CITY, FL 33328
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	700023388157 09/29/03--01023--021 **150.00
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DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol Ann Sanchez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *9/16/03*
Daytime Phone #: *954-880-0541*

Radiology Transcription Associates, Inc.
5164 SW 94th Avenue
Cooper City, FL 33328

20f2

September 16, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Radiology Transcription Associates, Inc.
FEIN: 65-0680386

To Whom It May Concern:

I did not receive a blank form from the state to file the business report for 2003. Please note my new address of
5164 SW 94 Avenue
Cooper City, FL 33328.

I respectfully request that the state waive late penalties that may have accrued.

Enclosed find a Uniform Business Report for 2003. As well as a check for \$150 for the 2003 annual fee due.

Thank you for your attention and cooperation in this matter.

Sincerely,



Carol Ann Sanchez
President

Enclosures