

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:06

DOCUMENT # 314907

(7)

1. Corporation Name

MEDICAL TRANSCRIBERS INC

Principal Place of Business

8100 S.W. 81ST DRIVE
SUITE 275
MIAMI FL 33143

Mailing Address

8100 S.W. 81ST DRIVE
SUITE 275
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/17/1967

3a. Date of Last Report

04/22/1994

4. FEI Number

59-1166593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIVINGSTONE, DON R
7711 S.W. 62ND AVENUE
S. MIAMI FL 33143

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GORMAN, RICHARD R.
STREET ADDRESS	8100 S.W. 81ST DR. #275
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	GORMAN, MARION C.
STREET ADDRESS	8100 SW 81 DR 275
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MCCARTHY, LOUISE M.
STREET ADDRESS	8100 S.W. 81ST DR.
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	D
NAME	LIVINGSTON, DON R.
STREET ADDRESS	7711 S.W. 62ND AVENUE
CITY - ST - ZIP	S. MIAMI FL
TITLE	VTD
NAME	GORMAN, THOMAS A.
STREET ADDRESS	9210 NW 59 ST
CITY - ST - ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	33143
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33143
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	33143
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33143
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	32653
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *T.A. Gorman*

T.A. GORMAN

3/1/95

904/377-6157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) Please Print