FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 29 1996 8:00 am
Secretary of State

DOCUMENT # **314907** **(7)**

1. Corporation Name

MEDICAL TRANSCRIBERS INC

Principal Place of Business

8100 S.W. 81ST DRIVE
SUITE275
MIAMI FL 33143

Mailing Address

8100 S.W. 81ST DRIVE
SUITE275
MIAMI FL 33143

3. Date Incorporated or Qualified: **03/17/1967**

3a. Date of Last Report: **04/11/1995**

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

Suite, Apt. #, etc.
22

City & State
23

Zip 24 | Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 | Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.1502, 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. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1-1 TITLE	☐ Change ☐ Addition
NAME	GORMAN, RICHARD R.		1-2 NAME	
STREET ADDRESS	8100 S.W. 81ST DR. #275		1-3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1-4 CITY-ST-ZIP	33143
TITLE	SD	☐ DELETE	2-1 TITLE	☐ Change ☐ Addition
NAME	GORMAN, MARION C.		2-2 NAME	
STREET ADDRESS	8100 SW 81 DR 275		2-3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2-4 CITY-ST-ZIP	33143
TITLE	D	☒ DELETE	3-1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, LOUISE M.		3-2 NAME	
STREET ADDRESS	8100 S.W. 81ST DR.		3-3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000		3-4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	4-1 TITLE	☐ Change ☐ Addition
NAME	LIVINGSTON, DON R.		4-2 NAME	
STREET ADDRESS	7711 S.W. 62ND AVENUE		4-3 STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI FL		4-4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	5-1 TITLE	☐ Change ☐ Addition
NAME	GORMAN, THOMAS A.		5-2 NAME	
STREET ADDRESS	9210 NW 59 ST		5-3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		5-4 CITY-ST-ZIP	32653
TITLE		☐ DELETE	6-1 TITLE	☐ Change ☐ Addition
NAME			6-2 NAME	
STREET ADDRESS			6-3 STREET ADDRESS	
CITY-ST-ZIP			6-4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is complete, true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), 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 Blocks 12 or Blocks 13 if changed, or added, or deleted with an amendment.

SIGNATURE: T.A. Gorman T.A. GORMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96
Date

352/377-6157
Daytime Phone Number

CR2E034 (12/95)