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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # 314907

1. Corporation Name
Medical Transcribers, Inc.

AMENDED

Principal Place of Business	Mailing Address
8100 S.W. 81st Drive, St.275 Miami, Fl 33143 U.S.A.	8100 S.W. 81st Dr., Ste275 Miami, FL 33143 U.S.A.

3. Date Incorporated or Qualified: March 17, 1967
3a. Date of Last Report: March 29, 1996

2. Principal Place of Business
21 8100 S.W. 81st Drive
Suite, Apt. #, etc.
22 Suite 275
City & State
23 Miami, FL
Zip 24 33143
Country 25 U.S.A.

2a. Mailing Address
26 8100 S.W. 81st Drive
Suite, Apt. #, etc.
27 Suite 275
City & State
28 Miami, FL
Zip 29 33143
Country 30 U.S.A.

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

9. Name and Address of Current Registered Agent

Livingstone, Don R.
7711 S.W. 62nd Avenue
S. Miami, Florida 33143

10. Name and Address of New Registered Agent

81 Name: NRAI Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue
83
84 City: Tallahassee FL 85 Zip Code: 32314

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: William Petty William Petty, Asst. Secretary 11/8/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C/P Richard R. Gorman, c/o MTI 8100 S.W. 81st Dr., Ste. 275 Miami, FL 33143 U.S.A.	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP/T Thomas A. Gorman, c/o MTI 8100 S.W. 81st Dr., Ste. 275 Miami, FL 33143 U.S.A.	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Marion C. Gorman, c/o MTI 8100 S.W. 81st Dr., Ste. 275 Miami, FL 33143 U.S.A.	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/CEO/S Gerald E. Forth, c/o EDiX Corporation 10360 Sorrento Valley Rd., Ste. E San Diego, CA 92121 U.S.A.	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Nicholas A.Mione, c/o EDiX Corporation 10360 Sorrento Valley Rd., Ste. E San Diego, CA 92121 U.S.A.	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D David E. Mildrew, c/o EDiX Corporation 10360 Sorrento Valley Rd., Ste. E San Diego, CA 92121 U.S.A.	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P Richard R. Gorman, c/o MTI 8100 S.W. 81st Drive, Ste. 275 Miami, FL 33143 U.S.A.	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T Thomas A. Gorman, c/o MTI 8100 S.W. 81st Dr., Ste. 275 Miami, FL 33143 U.S.A.	☒ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

11-12-96

CR2E034 (12/95)

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 119.07(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: Nicholas A. Mione 11/3/96 619 6467066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nicholas A. Mione