## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

MEDICAL TRANSCRIBERS INC

(7)

## **FILED** Aug 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							E TORING TITUE FIGUR AND CONTROL TO STATE OF STA		
8100 S.W. 81ST Suite 275 Miami Fl 33143		8100 S.W. 81ST DRIVE Suite 275 Miami Fl 33143					DO NOT WRITE IN THIS <b>SP</b> ACE		
							3. Date Incorporated or Qualified		
		· • · · · · · · · · · · · · · · · · · ·				··· ··· · · · · · · · · · · · · · · ·	03/17/1967		
`	lace of Business	2a. Mailing Address				<u>_</u>	4. FEI Number Applied For		
21		26 4250 Executive Square Suite, Apt. #, etc.				>quar	re 59-1166593   Not Applicable		
Suite, Apt.	#, etc.	Sulte, Apt. #, efc.				•			
22		27 Suite 850					Fee Required		
City & State	9		City & State  28 La Jolla, CA				6. Election Campaign Financing \$5.00 May Be		
23 Zin	Country	_+ - <del></del>	Zip Country				Trust Fund Contribution		
Zip	Country 25	— `a	2037	30	лкіу <b>Р</b> /	15A	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		
24		<u> </u>	<del></del>	130] 7			Personal Property Tax due June 30. Sy Yes No  10. Name and Address of New Registered Agent		
Name and Address of Current Registered Agent NRAI SERVICES, INC.							10. Haine and Address of New Registered Agent		
	E. PARK AVENUE								
	AHASSEE FL 32314					Street A	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									
					Registered Agent signature required when reinstating)  DATE  ADDITION OF TO OFFICERS AND DIRECTORS IN 42				
12.	OFFICERS AND	DIRECTOR		13.	m r		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	FORTH, GERALD E		DELETE	1.2 N		ŀ	D/CEO/P/3		
NAME STREET ADDRESS	10360 SORRENTO VALLEY RD.	etc c	•			********	Gene H. Barduson 4250 Executive Square, Suite 250		
	SAN DIEGO CA 92121	OIL. L				ADDRESS	La Jolla, CA 92037		
CITY-ST-ZIP	S		7	2.1 TI	TY-S1		TO THE REAL PROPERTY OF THE PARTY OF THE PAR		
	FORTH, GERALD E		DELETE	2.2 N		ŀ	Vincent E. Estrada Vincent E. Es		
NAME	· · · · · ·	etc c	•				VINCENT E. ESTRAGE Suite 850		
STREET ADDRESS	10360 SORRENTO VALLEY RD. STE. E SAN DIEGO CA 92121					ADDRESS	4236 Executive Dynamia		
CITY-ST-ZIP TITLE	D		(Zherese	2.4 CI 3.1 TI	_	I-ZIP	(AU) 12031		
i i	MIONE, NICHOLAS A		DELETE	3.1 II			L Change Addition		
NAME STOREST ADDRESS	10360 SORRENTO VALLEY RD.	STE E	C			ADDDESS			
STREET ADDRESS	SAN DIEGO CA 92121	DIL E				ADDRESS			
CITY-ST-ZIP TITLE	D DEGO CA 92121		172	3.4 CI 4.1 TI		1-ZIP	T		
	MIL <b>D</b> REW, DAVID E		DELETE				Change Addition		
NAME	10360 SORRENTO VALLEY RD.	ete e	-	4.2 N/		110000000			
STREET ADDRESS	SAN DIEGO CA 92121		1	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
CITY-ST-ZIP	D DIEGO CA 92121	<del></del>	171			I-ZIP			
TITLE	GORMAN, RICHARD R		DELETE	5.1 TI			L_J Change L Addition		
NAME		ŧ	•	5.2 N					
STREET ADDRESS	8100 S.W. 81ST DRIVE, STE. 279	J				ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143		(20)	5.4 C		r-ZIP			
TITLE	CODMAN THOMAS A		PELETE	6.1 TI			Change Addition		
NAME	GORMAN, THOMAS A		/	6.2 N					
STREET ADDRESS	8100 S.W. 81ST DRIVE, STE. 279	0				ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143			6.4 CI	TY-ST	r-ZIP			

14. 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 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 attachine with an address.

at country to

8-8-98 (619)646-7066