

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

96 NOV 12 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # 314907
1. Corporation Name
Medical Transcribers, Inc. **AMENDED**

Principal Place of Business
8100 S.W. 81st Drive, St.275
Miami, FL 33143
U.S.A.

Mailing Address
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**

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 **8100 S.W. 81st Drive** Suite, Apt. #, etc. **Suite 275**

22 **Miami, FL** City & State

23 **33143** Zip **U.S.A.** Country

24 **33143** Zip **U.S.A.** Country

25 **U.S.A.** Country

26 **8100 S.W. 81st Drive** Suite, Apt. #, etc. **Suite 275**

27 **Miami, FL** City & State

28 **Miami, FL** City & State

29 **33143** Zip **U.S.A.** Country

30 **U.S.A.** Country

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* DATE **11/8/96**

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

12. OFFICERS AND DIRECTORS

TITLE	D/C/P	<input checked="" type="checkbox"/> DELETE
NAME	Richard R. Gorman, c/o MTI	
STREET ADDRESS	8100 S.W. 81st Dr., Ste. 275	
CITY-ST-ZIP	Miami, FL 33143 U.S.A.	
TITLE	D/VP/T	<input checked="" type="checkbox"/> DELETE
NAME	Thomas A. Gorman, c/o MTI	
STREET ADDRESS	8100 S.W. 81st Dr., Ste. 275	
CITY-ST-ZIP	Miami, FL 33143 U.S.A.	
TITLE	D/S	<input checked="" type="checkbox"/> DELETE
NAME	Marion C. Gorman, c/o MTI	
STREET ADDRESS	8100 S.W. 81st Dr., Ste. 275	
CITY-ST-ZIP	Miami, FL 33143 U.S.A.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/CEO/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerald E. Forth, c/o EDiX Corporation	
1.3 STREET ADDRESS	10360 Sorrento Valley Rd., Ste. E	
1.4 CITY-ST-ZIP	San Diego, CA 92121 U.S.A.	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nicholas A. Mione, c/o EDiX Corporation	
2.3 STREET ADDRESS	10360 Sorrento Valley Rd., Ste. E	
2.4 CITY-ST-ZIP	San Diego, CA 92121 U.S.A.	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David E. Mildrew, c/o EDiX Corporation	
3.3 STREET ADDRESS	10360 Sorrento Valley Rd., Ste. E	
3.4 CITY-ST-ZIP	San Diego, CA 92121 U.S.A.	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard R. Gorman, c/o MTI	
4.3 STREET ADDRESS	8100 S.W. 81st Drive, Ste. 275	
4.4 CITY-ST-ZIP	Miami, FL 33143 U.S.A.	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Thomas A. Gorman, c/o MTI	
5.3 STREET ADDRESS	8100 S.W. 81st Dr., Ste. 275	
5.4 CITY-ST-ZIP	Miami, FL 33143 U.S.A.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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* DATE **11/3/96** DAYTIME PHONE # **619 646 7066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas A. Mione

CR2E034 (12/95)