

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 20 1997 8:00 am
Secretary of State

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 33143-6694**

3. Date Incorporated or Qualified
03/17/1967

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1166593

Applied For
 Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NRAJ SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32314**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	FORTH, GERALD E	
STREET ADDRESS	10360 SORRENTO VALLEY RD. STE. E	
CITY - ST - ZIP	SAN DIEGO CA 92121	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FORTH, GERALD E	
STREET ADDRESS	10360 SORRENTO VALLEY RD. STE. E	
CITY - ST - ZIP	SAN DIEGO CA 92121	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIONE, NICHOLAS A	
STREET ADDRESS	10360 SORRENTO VALLEY RD. STE. E	
CITY - ST - ZIP	SAN DIEGO CA 92121	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILDREW, DAVID E	
STREET ADDRESS	10360 SORRENTO VALLEY RD. STE. E	
CITY - ST - ZIP	SAN DIEGO CA 92121	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GORMAN, RICHARD R	
STREET ADDRESS	8100 S.W. 81ST DRIVE, STE. 275	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GORMAN, THOMAS A	
STREET ADDRESS	8100 S.W. 81ST DRIVE, STE. 275	
CITY - ST - ZIP	MIAMI FL 33143	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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 attachment with an address.

SIGNATURE:

Richard R. Gorman **RICHARD R. GORMAN**

2/17/97

352/377-6157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)