

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).

FILED

Aug 27 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # 314907 (7)

1. Corporation Name
 MEDICAL TRANSCRIBERS INC



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
 03/17/1967

4. FEI Number
 59-1166593

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

4250 Executive Square
 Suite 850
 La Jolla, CA
 92037 USA

9. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32314

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	GORMAN, THOMAS A	
STREET ADDRESS	8100 S.W. 81ST DRIVE, STE. 275	
CITY-ST-ZIP	MIAMI FL 33143	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/CEO/PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gene H. Barduson	
1.3 STREET ADDRESS	4250 Executive Square, Suite 850	
1.4 CITY-ST-ZIP	La Jolla, CA 92037	
2.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vincent E. Estrada	
2.3 STREET ADDRESS	4250 Executive Square, Suite 850	
2.4 CITY-ST-ZIP	La Jolla, CA 92037	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 _____
 8-8-98 (619)646-7066

CR2E034 (5/98)