

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90006 030 ***150.00

DOCUMENT # 493068

1. Corporation Name

RADIOLOGY TRANSCRIBING SERVICE, INC.



Principal Place of Business

1611NW 12TH AVE

MIAMI FL 33136

US

Mailing Address

12340 SW 110 S CANAL ST RD

MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1975

4. FEI Number

59-1638016

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 NW 109 J

City & State

23 SAME ADDRESS

Zip

Country

24 DATE

2a. Mailing Address

26 4084 PIONEER WAY

Suite, Apt. #, etc.

27 NEW SMYRNA BEACH

City & State

28 FLA

Zip

29 32168

Country

30 VOLUNIA

9. Name and Address of Current Registered Agent

CASTILLO, PATRICIA A.
12340 SW 110 S CANAL ST RD
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
SAME -> PATRICIA A. CASTILLO
82 Street Address (P.O. Box Number is Not Acceptable)
NEW -> 4084 PIONEER WAY
83 ADDRESS -> NEW SMYRNA BEACH
84 City
FL 85 Zip Code
32168

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

TITLE PVT
NAME CASTILLO, PATRICIA A
STREET ADDRESS 12340 SW 110TH S. CANAL
CITY-ST-ZIP MIAMI FL

DELETE
NEW ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVT
1.2 NAME CASTILLO, PATRICIA A
1.3 STREET ADDRESS 4084 PIONEER WAY
1.4 CITY-ST-ZIP NEW SMYRNA BEACH, FLA 32168

Change ☒ Addition ☐

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change ☐ Addition ☐

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change ☐ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change ☐ Addition ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change ☐ Addition ☐

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (305) 325-0898

CR2E034 (11/98)