

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 03, 2003 8:00 am
Secretary of State

09-03-2003 90022 002 ***150.00

DOCUMENT # 609314 1. Entity Name MEDICAL DICTATION ASSOCIATES, INC.			
Principal Place of Business 39-B DAVIS BLVD. TAMPA, FL 33606		Mailing Address 39-B DAVIS BLVD. TAMPA, FL 33606	
2. Principal Place of Business 4026 HENDERSON Blvd		3. Mailing Address 2611 Bayshore Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. #304	
City & State TAMPA, FL		City & State TAMPA FL	
Zip 33629		Country Hillsborough	
4. FEI Number 59-1890324		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERLICH, RUTH K. 2611 BAYSHORE BLVD. #304 TAMPA, FL 33629		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After May 1, 2005 Fee will be \$650.00 Amended UBR is \$17.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ERLICH, RUTH STREET ADDRESS 2611 BAYSHORE BLVD. #304 CITY-ST-ZIP TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BERG, RICHARD STREET ADDRESS 608 LUZON CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Ruth Erlich, Pres</i>		<i>8/21/03 813 875 2100</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date City/State Phone #</small>	

CR2E034 (10/02)

Attachment

90153875

609314

August 20, 2003

Florida Department of State
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

It recently came to our attention that we did not receive the annual Uniform Business Report form from your office. We have moved three times in the past year and apparently the form was not forwarded by the post office even though we provided a change of address to them.

We have corrected our location address and mailing address on the enclosed form that was downloaded from your website. We are enclosing the required annual fee of \$150. We respectfully request abatement of the penalty for late filing.

Your assistance in this matter is appreciated.

Yours truly,



Ruth Erlich, President
Medical Dictation Associates, Inc.
4026 Henderson Blvd.
Tampa, FL 33629

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