

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F79213 (7)

1. Corporation Name

MEDICAL TRANSCRIPTION ASSOCIATES, INC.



Principal Place of Business

9329 SAMPLE RD.
CORAL SPRINGS, FL 33065

Mailing Address

9329 SAMPLE RD.
CORAL SPRINGS, FL 33065

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FILORAMO, ROBERT G
2731 NW 87TH AVENUE
CORAL SPRINGS FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

(If Not Registered Agent Signature Required, Delete)

DATE

4/3/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
FILORAMO, CAROL
2731 NW 87TH AVE
CORAL SPRINGS FL
DC
FILORAMO, ROBERT
2731 NW 87TH AVE
CORAL SPRINGS FL
V
SHEINER, LEONARD
8586 NW 2ND ST
CORAL SPRINGS FL
STD
SHEINER, LINDA
8586 NW 2ND ST
CORAL SPRINGS FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE
30. NAME
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32. CITY-STATE-ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
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37. TITLE
38. NAME
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41. TITLE
42. NAME
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46. NAME
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49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

CAROL FILORAMO, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 755-5168
4/3/96
753

CR2E034 (12/95)