

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90151 042 ***150.00

DOCUMENT # F79213

1. Entity Name

MEDICAL TRANSCRIPTION ASSOCIATES, INC.

Principal Place of Business

Mailing Address

273
CO

**Medical Transcription
Associates Inc.
5048 Chardonway Drive
Coral Springs, FL 33067**

2731 NW 87TH AVE
CORAL SPRINGS FL 33067-4122

80009559

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite

**Medical Transcription
Associates Inc.
5048 Chardonway Drive
Coral Springs, FL 33067**

City & State

City

4. FEI Number

59-2188437

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILORAMO, ROBERT G
2731 NW 87TH AVENUE
CORAL SPRINGS FL 33065**

Name

Street Address

City

**Robert G. Filoramo
5048 Chardonway Dr.
Coral Springs, FL 33067**

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 may
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FILORAMO, CAROL**
CITY-ST-ZIP **2731 NW 87TH AVE
CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FILORAMO, ROBERT**
CITY-ST-ZIP **2731 NW 87TH AVE
CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12, 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

Date

Daytime Phone #

CAROL

FILORAMO

1/20/00

(954) 735