Documer Number Chly 000005921

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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> > 11

CORPORATION(S) NAME

MedQuist Transcriptions,	Ltd., Inc.	0 66
	· · · · · · · · · · · · · · · · · · ·	ACT 29 AN
(x) Profit () Nonprofit	() Amendment	() Merger
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark 55
() Limited Partnership () LLC	 () Annual Report () Name Registration () Fictitious Name 	() Other () Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
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Name Availability Document Examiner Updater Verifier Acknowledgement W.P. Verifier	10/29/99 WAAFOLA	(x) Pick Up
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 29, 1999

CT CORPORATION ATTN: JEFF NETHERTON

SUBJECT: MEDQUIST TRANSCIPTIONS, LTD., INC. Ref. Number: W99000025018

We have received your document for MEDQUIST TRANSCIPTIONS, LTD., INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Based upon information provided by the Florida Department of Revenue, pursuant to section 213.053(14), Florida Statutes, it appears that MEDQUIST TRANSCIPTIONS, LTD., INC. has transacted business in Florida prior to submitting an "Application for Authority to Transact Business in Florida". The information received from the Florida Department of Revenue indicates January 1, 1972, as the initial date of transacting business in the State of Florida.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$25,766.25.

If you have any questions concerning the filing of your document, please call (850) 487-6917.

Gretchen Harvey Document Specialist Supervisor

Letter Number: 699A00052118

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



AFFIDAVIT OF <u>MEDQUIST TRANSCRIPTIONS, LTD.</u>

S-4

MedQuist Transcriptions, Ltd. has not transacted business in the State of Florida pursuant to Section 607.1501.

By: John M. Suender

Sr. Vice President, Secretary and General Counsel

Dated: October 28, 1999



APPLIC	ICATION BY FOREIGN CORPORATION FOR AUTH BUSINESS IN FLORIDA	ORIZATION TO TRANSACT
IN COMPLIAN REGISTER A F	NCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FO FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE S	LLOWING IS SUBMITTED TO THE OF FLORIDA.
(Name of corp words or abbre	ranscriptions, Ltd. , <u>Luc</u> poration; must include the word "INCORPORATED", "COMPANY", " previations of like import in language as will clearly indicate that it is a co on or partnership if not so contained in the name at present.)	73-11
2. <u>New Jersey</u>		-
(State or countr	arry under the law of which it is incorporated) (FEI n	umber, if applicable)
4. October 8, 196	J. 1 VIDVU <u>d</u> al	
(Da	Date of incorporation) (Duration: Year corp. will	cease to exist or "perpetual")
6. Upon qualifica	cation	
(Date firs	irst transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502	and 817,155, F.S.)
	ee Centre, Suite 311 Mariton, New Jersey 08053	
		· · · · · · · · · · · · · · · · · · ·
8. <u>limitatio</u>	(Current mailing address) ge in and to do any lawful act concerning s for which corporation may be organized, ion, medical transcription services.	including without
	se(s) of corporation authorized in home state or country to be carried out i	
9. Name and str	treet address of Florido registered agent: (P.O. Box or Mail Dr	op Box <u>NOT</u> acceptable)
Name:	Carol Coyle	
Office Address:	700 West Hillsboro Blvd. Suite 2-106	4

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Carol Coyle_ (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY • P.O. Box NOT acceptable) FLOIP 97299 C T System Online

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: David A. Cohen
Address: Five Greentree Centre, Suite 311
Marlton, NJ 08053
Vice Chairman:
Address:
,
Director:
Address:
•
Director:
Address:
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: John A. Donohoe, Jr. President & Chief Operating Officer
Address: Five Greentree Centre, Suite 311, Marlton, NJ 08053
Vice President: Bruce Van Fossen Vice President, Asst. Treasurer & Asst. Secretary
Address: Five Greentree Centre, Suite 311, Mariton, NJ 08053
â.
Secretary: John M. Suender Senior Vice President & Secretary
Address: Five Greentree Centre, Suite 311, Marlton, NJ 08053
Treasurer: John R. Emery Senior Vice President & Treasurer
Address:Five Greentree Centre, Suite 311, Marlton, NJ 08053
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.
13
(Signature of Chairman). Vice Chairman, or any officer listed in number 12 of the application) John M. Suender, Senior Vice President & Secretary
14 John M. Suemuer, Senior vice Fresidence a Subsceller, (Typed or printed name and capacity of person signing application)

J.



MEDQUIST TRANSCRIPTIONS, LTD. With the Previous or Alternate Name TRANSCRIPTIONS, LTD.

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on October 8, 1965.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Medquist Inc 5 Greentree Centre Suite 311 Marlton, NJ 08053

Continued on next page

