FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 11 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **G56991** **(4)**

1. Corporate Name

ELITE MEDICAL TRANSCRIBING, INC.

Principal Place of Business

% MARTIN MOTT
139 ROSEWOOD CIRCLE
JUPITER FL 33458

Mailing Address

% MARTIN MOTT
139 ROSEWOOD CIRCLE
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1983**

3a. Date of Last Report: **06/17/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-2352750** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 — 25

Zip — 29 — 30

8. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOTT, MARTIN
139 ROSEWOOD CIRCLE
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 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

(If changing Registered Agent, Signature of New Registered Agent required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	DV	31 Title	☐ Change ☐ Addition
32 Name	MOTT, MARTIN	32 Name	
33 Street Address	139 ROSEWOOD CIRCLE	33 Street Address	
34 City, St, Zip	JUPITER FL	34 City, St, Zip	
35 Title	PD	35 Title	☐ Change ☐ Addition
36 Name	MOTT, SHERYL K	36 Name	
37 Street Address	139 ROSEWOOD CIRCLE	37 Street Address	
38 City, St, Zip	JUPITER FL	38 City, St, Zip	
39 Title		39 Title	☐ Change ☐ Addition
40 Name		40 Name	
41 Street Address		41 Street Address	
42 City, St, Zip		42 City, St, Zip	
43 Title		43 Title	☐ Change ☐ Addition
44 Name		44 Name	
45 Street Address		45 Street Address	
46 City, St, Zip		46 City, St, Zip	
47 Title		47 Title	☐ Change ☐ Addition
48 Name		48 Name	
49 Street Address		49 Street Address	
50 City, St, Zip		50 City, St, Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City, St, Zip		54 City, St, Zip	

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: mart Mott — 5/5/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Page 1

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