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Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K96455 (6)
1. Corporation Name
MEDICAL TRANSCRIPTION SERVICE OF OCALA, INC.

Principal Place of Business
200 S. W. 8TH STREET, SUITE B
OCALA FL 32671

Mailing Address
200 S. W. 8TH STREET, SUITE B
OCALA FL 32671



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2550 W DUNNELLO RD
Suite, Apt. #, etc.

22 City & State
DUNNELLO, FL

23 Zip
34433

24 Country

2a. Mailing Address

26 2550 W DUNNELLO RD
Suite, Apt. #, etc.

27 City & State
DUNNELLO, FL

28 Zip
34433

29 Country

3. Date Incorporated or Qualified

06/14/1989

4. FEI Number

59-2956081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AYRES, BENJAMIN H.
2100 SE 17TH ST., SUITE 802
OCALA FL 32671

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 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PAISLEY, CAROL F
STREET ADDRESS 200 S. W. 8TH ST, STE B
CITY-ST-ZIP OCALA FL

TITLE D
NAME PAISLEY, C. WINFIELD
STREET ADDRESS 200 SW 8TH STREET, STE B
CITY-ST-ZIP OCALA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME PAISLEY CAROL
1.3 STREET ADDRESS 2550 W. DUNNELLO RD.
1.4 CITY-ST-ZIP DUNNELLO, FL 34433

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 252-465-7333

CR2E034 (10/97)