## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L00878

ACCUMED TRANSCRIBING SERVICES CORPORATION

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90055 046 \*\*\*150.00



| Principal Place of Business M   |  | Mailing Address   | Mailing Address   |  |  |  | 11 W1817 1881                               |
|---|--|---|---|--|--|--|---|
| 13213 SW 86 LANE  |  | 13213 SW 86 LANE  |   |  |  |  |   |
| MIAMI FL 33183-4160   |  | MIAMI FL 33183-4160 .   | MIAMI FL 33183-4160 .   |  | DO NOT WRITE IN THIS SPACE   |  |   |
|   |  |   |   |  | 3. Date Incorporated or Qualifed   |  |   |
|   |  |   |   |  | 07/10/1989   |  |   |
| 2 Principal P   | lace of Business   | 2a. Mailing Address   |   |  | 4. FEI Number  | Appl                                     | ied For                                     |
| 21  |  | 26  |   |  | 65-0125231   | Not /                                    | Applicable                                  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   |   |  |  | <b>\$8.75</b> Ad                         | Iditional                                   |
| 22  |  | 27  |   |  | 5. Certifcate of Status Desired  | Fee Req                                  | uired                                       |
| City & Stat   | e  | City & State  |   |  | 6. Election Campaign Financing   | \$5.00 M                                 | lay Be                                      |
| 23  | •  | 28  |   |  | Trust Fund Contribution  | Added to                                 | Fees  |
| Zip   | Country  | Zip   | Country   | y  | 8. This corporation owes the current year  |  | _   |
| 24  | 25   | 29  | 30  |  | Personal Property Tax.   | Z\                                       | No  |
|   | <ol><li>Name and Address of Curren</li></ol>   | t Registered Agent  |   |  | 10. Name and Address of New Registere  | ed Agent                                 |   |
| 555   |  |   | 81  | Name   |  |  |   |
|   | nda Summers<br>13 SW 86th Lane   |   | 82  | Street Addre   | ress (P.O. Box Number is Not Acceptable)   | , ;                                      | ,   |
|   |  |   | <u></u>   | 1  | The second secon |  | 534 (75)                                    |
| MIAN  | VII FL 33183-4160  | ,   | 83  | 3  |  |  |   |
|   |  |   | 84  | City   | The second secon | 85 Zip Co                                | ode   |
|   | and the second of the second   |   |   | '  | ·  | L  |   |
| 44 Pursuant   | to the provisions of Sections 607 050  | 2 and 607,1508, Florida Sta   | tutes, the abov   | /e-named corpo   | oration submits this statement for the purpose   | or changing its re                       | gistered                                    |
| office or r   | m familiar with, and accept the obliga   | of Florida. Such change wattons of, Section 607.0505,   | s authorized by<br>Florida Statute:   | the corporations.  | on's board of directors. I hereby accept the app   | or changing its re<br>pointment as regi  | stered                                      |
| agent. I a  | registered agent, or both, in the State<br>rm familiar with, and accept the obliga<br>Signature, typed or printed name of registered agen  | of Florida: Such change wattons of, Section 607.0505, nt and title if applicable. (No.  | s authorized by<br>Florida Statutes<br>OTE: Registered Age  | the corporations.  | on's board of directors. I hereby accept the application of directors of the directors of t | oointment as regi                        | stered                                      |
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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 extachment with an address, with all other like empowered.

SIGNATURE