

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90144 040 ***150.00

DOCUMENT # L00878

1. Entity Name
ACCUMED TRANSCRIBING SERVICES CORPORATION



Principal Place of Business
**13213 SW 86 LANE
MIAMI FL 33183-4160**

Mailing Address
**13213 SW 86 LANE
MIAMI FL 33183-4160**



2. Principal Place of Business

3. Mailing Address

8100 SW 81 Drive #210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

210

City & State

City & State

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

33143 DADR

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DADR

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0125231**

Applied For

Not Applicable

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

**SUMMERS, BRENDA
13213 SW 86TH LANE
MIAMI FL 33183-4160**

BARRY J. HECHTMAN

Street Address (P.O. Box Number is Not Acceptable)
8100 SW 81 DR. #210

City **MIAMI**

FL

Zip Code

33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **HECHTMAN, BRENDA S**
STREET ADDRESS **13213 SW 86TH LANE**
CITY-ST-ZIP **MIAMI FL**

☒ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BARBARA HECHTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 (305) 270-0014x102

Date

Daytime Phone #

CR2E034 (10/02)