

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020016

1. Entity Name
SAI A.R.J. MEDICAL TRANSCRIPTION, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90996 025 ***150.00

Principal Place of Business Mailing Address
18730 WIMBLEDON CIRCLE SAME.
Wt2, FL. 33549

C0059340

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
18730 WIMBLEDON CIRCLE SAME AS ABOVE.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Wt2 FLORIDA 59-3632142 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33549 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
RAGINI RAVAL Name N/A.
PRESIDENT, SAI A.R.J. MEDICAL TRANSCRIPTION Street Address (P.O. Box Number is Not Acceptable)
18730 WIMBLEDON CIRCLE
Wt2, FL. 33549 City FL Zip Code

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGINI RAVAL		NAME		
STREET ADDRESS	18730 WIMBLEDON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	Wt2, FL. 33549		CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAYANT D. RAVAL		NAME		
STREET ADDRESS	18730 WIMBLEDON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	Wt2, FL. 33549		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Raval (RAGINI J. RAVAL) 04/16/01 813-948-3050.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)