

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90281 022 \*\*\*150.00

**DOCUMENT # P00000020016**

1. Entity Name  
**SAI A.R.J.MEDICAL TRANSCRIPTON INC**



Principal Place of Business  
**18730 WIMBLEDON CIR  
LUTZ FL 33558**

Mailing Address  
**18730 WIMBLEDON CIR  
LUTZ FL 33558**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**18730 WIMBLEDON CIRCLE**  
City & State  
**LUTZ FLORIDA**  
Zip  
**33558**  
Country  
**USA**

Suite, Apt. #, etc.  
**SAME AS ABOVE**  
City & State  
**LUTZ FLORIDA**  
Zip  
**33558**  
Country  
**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3632142**

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

**RAVEL, RAGINI  
18730 WIMBLEDON CIR  
LUTZ FL 33549**

Name  
**N/A**  
Street Address (P.O. Box Number is Not Acceptable)  
**N/A**  
City  
**FL** Zip Code  
**33558**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P RAVAL, RAGINI 18730 WIMBLEDON CIRCLE LUTZ FL 33558</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RAVAL, JAYANT D 18730 WIMBLEDON CIRCLE LUTZ FL 33558</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE (RAGINI RAVEL)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/31/03**  
Date

**713-948-3080**  
Daytime Phone #

CR2E034 (10/02)