

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021258

1. Entity Name
SHAW MEDICAL TRANSCRIPTION, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90043 041 ***150.00

Principal Place of Business

Mailing Address

6150 SW 42ND COURT
DAVIE FL 33314

6150 SW 42ND COURT
DAVIE FL 33314

2. Principal Place of Business

6520 Taft St

3. Mailing Address

6520 Taft St

Suite, Apt. #, etc.

#151

Suite, Apt. #, etc.

#151

City & State

Hollywood, FL 33024

City & State

Hollywood, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number

65-0986363

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

SHAW, SANDRA
6150 SW 42ND COURT
DAVIE FL 33314

Name Shaw, Sandra

Street Address (P.O. Box Number is Not Acceptable)

6520 Taft St

Apt. #151

City Hollywood

FL

Zip Code 33024

8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.

SIGNATURE Sandra Shaw Sandra Shaw 2-6-01
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 Sandra Shaw President ☐ Delete
NAME
STREET ADDRESS 6520 Taft St #151
CITY-ST-ZIP Hollywood, FL 33024

TITLE Sandra Shaw P ☐ Change ☒ Addition
NAME
STREET ADDRESS 6520 Taft St. #151
CITY-ST-ZIP Hollywood, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Sandra Shaw Sandra Shaw 2-6-01 965-4609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)