

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051808

1. Entity Name

PRECISE MEDICAL TRANSCRIPTION, INC.

Principal Place of Business

5910 RIVER RD., STE.108
NEW PORT RICHEY FL 34652

Mailing Address

5510 RIVER RD., STE.100
NEW PORT RICHEY FL 34652

2. Principal Place of Business

5830 Montana Ave.

3. Mailing Address

Suite, Apt. #, etc.

5830 Montana Ave.

Suite, Apt. #, etc.

City & State

New Port Richey, FL
34652

City & State

New Port Richey, FL
34652

Zip

34652

Country

Pasco

Zip

34652

Country

Pasco

4. FEI Number

59-3651215

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR.
6645 RIDGE RD.
PORT RICHEY FL 34668

Name

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

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

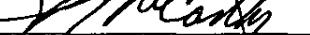
12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, TOM 5510 RIVER RD., STE.108 NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01 727.846-0077

Date

Daytime Phone #

CR2E034 (10/00)

042226