

2003 FOR PROFIT CORPORATE UNIFORM BUSINESS REPORT (UBR)

4/11

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-11-2003 90206 026 ***150.00

DOCUMENT # P00000061056

1. Entity Name
TRANSMED TRANSCRIPTION & MEDICAL BILLING INC.



Principal Place of Business
13850 YELLOW BLUFF ROAD
JACKSONVILLE FL 32226

Mailing Address
13850 YELLOW BLUFF ROAD
JACKSONVILLE FL 32226

2. Principal Place of Business
8919 2ND AVE
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 77547
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL
Zip
32208
Country
DUVAL

City & State
JACKSONVILLE FL
Zip
32208
Country
DUVAL

4. FEI Number 59-3657476

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLTON, JEANNA L
13850 YELLOW BLUFF RD
JACKSONVILLE FL 32226

7. Name and Address of New Registered Agent

Name CYNTHIA K ROMAN
Street Address (P.O. Box Number is Not Acceptable) 8919 2ND AVE
City JACKSONVILLE **FL** **Zip Code** 32208

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 Cynthia K. Roman *Cynthia Roman owner* 4-28-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | | |
|-----------------------|-------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROMAN, CYNTHIA K | |
| STREET ADDRESS | 8919 2ND AVENUE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HOLTON, JEANNA L | |
| STREET ADDRESS | 13850 YELLOW BLUFF ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32226 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 REMOVED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03 **0**
Date Daytime Phone #

CR2E034 (10/02)