

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065228

1. Entity Name

SNS TRANSCRIPTION SERVICES, INC.

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

04-03-2001 90064 001 ***150.00

Principal Place of Business Mailing Address
10806 US HWY. 19, STE. 103 10806 US HWY. 19, STE. 103
PT. RICHEY FL 33668 PT. RICHEY FL 33668

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

STE 102

Suite, Apt. #, etc.

STE 102

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3659588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUTHERFORD, THOMAS S ESQ.
11016 N. DALE MABRY HWY.
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

KHAN, HAIDER

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

10806 US 19, STE 102

City

PORT RICHEY

FL

Zip Code

34668

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KHAN, HAIDER M.D.	
STREET ADDRESS	10806 US HWY. 19, STE. 103	
CITY-ST-ZIP	PT. RICHEY FL 33668	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, JOHN	
STREET ADDRESS	10806 US HWY. 19, STE. 103	
CITY-ST-ZIP	PT. RICHEY FL 33668	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANDRAN, MOSES	
STREET ADDRESS	10806 US HWY. 19, STE. 103	
CITY-ST-ZIP	PT. RICHEY FL 33668	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHUM, LARRY	
STREET ADDRESS	10806 US HWY. 19, STE. 103	
CITY-ST-ZIP	PT. RICHEY FL 33668	
TITLE	P	<input type="checkbox"/> Delete
NAME	KHAN, NAZEER H	
STREET ADDRESS	10806 US HWY. 19, STE. 103	
CITY-ST-ZIP	PT. RICHEY FL 33668	
TITLE	V	<input type="checkbox"/> Delete
NAME	KHAN, SAFIA H	
STREET ADDRESS	10806 US HWY. 19, STE. 103	
CITY-ST-ZIP	PT. RICHEY FL 33668	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES. M.D. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	STE 102	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	STE 102	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	STE 102	
CITY-ST-ZIP		
TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHUM, GRAHAM L.	
STREET ADDRESS	STE 102	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	STE 102	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	STE 102	
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 reports 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 in an attachment with an address, with all other like employees.

SIGNATURE:

Signature and typed or printed name of signing officer or director

HAIDER KHAN

Date

4/10/01

Daytime Phone #

727 8688373

CR2E034 (10/00)

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Officers & Directors

Khan, Haider M.D.	Pres, Member
Mitchum, G. Larry	VP, Member
Khan, Sabiha	Sec/Treas, Member
Khan, Nazeer H. M.D.	Member
Khan Safia H. M.D.	Member
Woods, John	Member
Chandran, Moses M.D.	Member

520900

Address for all Officers & Directors:

10806 US 19, Ste 102
Port Richey, FL 34668