2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P00000103297 1. Entity Name CORAL MEDICAL TRANSCRIPTION & SERVICES CORP.					Jan 27, 2004 08:00 AM Secretary of State					
OOTERLIV	LEDIOAL TIVINGOLIII MON									
Principal Plac	e of Business	Mailing Address								
3401 SW 111 AVE. MIAMI FL 33165		3401 SW 111 AVE. MIAMI FL 33165								
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2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc		Suite, Apt #, etc.				MOORE (CR2E034 (1	1/03)		
City & State		City & State		4.	El Number 65-1053726			plied Fc Applic		
Zip	Country	Zip Coun		itry	5. Certificate of Status Desired \$8.75 Addition: Fee Required		itional			
	Registered Agent				lame and Address of New Re	gistered Age	ent			
TURRO, RAFAEL				Name						
340	1 SW 111 AVE.		Stree			ess (P.O, Box Number is Not Acceptable)				
MIA	MI FL 33165		-							
				City Zip Code					· •	
The above named entit submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.						ent, or both, in the State of Flor	ida. I am farr	iliar with,	and acc	
the obligations of registered agent.									- 4	
SIGNATURE.	Signature type or printed namely registered agent	and title if applicable. (NOT	E. Registere	ed Agent signalura require	d when r	orstating)	DATE	_ 		
F	ILE NOW!!! FEE IS \$158,00							6F 0	•	
Afte			 Selection Campaign Final Trust Fund Contribution 			O May i to Fees				
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.					Αſ	DITIONS/CHANGES TO OFFI	CERS AND DI	RECTORS	IN 11	
mue .	PTSD	☐ Delete	TITL] Change	□ A ^L	
NAME STREET ADDRESS			NAM STRE	RE EET ADDRESS	U0000014173					
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STREET ADDRESS GITY-ST-ZIP				EET ADDRESS (-ST-ZIP						
12. I hereby indicated of the co-	certify that the information supplied wit don this report or supplemental report proration or the receiver or thistee emp , or on an attachment with an address,	this filing does not qualify for is true and accurate and that howeved to execute this repor- with all other like empowered	or the exe my signa t as requ	emption stated in S ature shall have the ired by Chapter 60	ection same 7, Flor	119.07(3)(i), Florida Statutes, I legal effect as if made under o da Statutes; and that my name	further certify ath; that I am appears in B	that the in an officer lock 10 or	nformatic or direct Block 1	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(305)219-175 Dayuma Phone #