

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90067 049 ***150.00

DOCUMENT # **P01000072394**

1. Entity Name
FLORIDA MEDICAL TRANSCRIPTION SERVICES, INC.



Principal Place of Business
**18281 N.W. 19TH ST.
PEMBROKE PINES FL 33029**

Mailing Address
**18281 N.W. 19TH ST.
PEMBROKE PINES FL 33029**

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **03-0442490**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HERMAN, JEFFREY M
17701 BISCAYNE BLVD., STE. 200
AVENTURA FL 33160**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GHAZNAVI, RAFAT	
STREET ADDRESS	18281 N.W. 19TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: **RAFAT GHAZNAVI** *R. eghay* **954-538-9121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

attachment

80146502

#P01000072394

**FLORIDA MEDICAL TRANSCRIPTION
SERVICES, INC**

18281 N.W. 19TH ST.
PEMBROKE PINES FL 33029-3703
PHONE: (954) 538-9121
FAX: (954) 447-2873

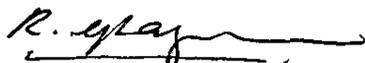
September 8, 2003

FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee, Florida 32314

To whom it may concern,

This letter serves to inform that I did not receive the Uniform Business Report form earlier. Hereby I request for a waiver of late fee and I attach a money order of \$150.00 for the renewal of my corporation. Any questions please feel free to contact me.

Truly yours,



Rafat Ghaznavi

Director