

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90059 038 \*\*\*150.00

**DOCUMENT # P01000074248**

1. Entity Name  
**MEDPRO TRANSCRIPTION, INC.**

Principal Place of Business  
**2370 OAKBEND DR #1328**  
**PALM HARBOR FL 34683**

Mailing Address  
**2370 OAKBEND DR #1328**  
**PALM HARBOR FL 34683**



2. Principal Place of Business  
**4749 WHITETAIL LANE**

3. Mailing Address  
**4749 WHITETAIL LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**NEW PORT RICHEY, FL**

City & State  
**NEW PORT RICHEY, FL**

4. FEI Number  
**59-3734065**

Applied For  
 Not Applicable

Zip  
**34653**

Country  
**USA**

Zip  
**34653**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK INC.**  
**941 FOURTH ST #200**  
**MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

Name  
**DEBRA PAPRZYCKI**

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

**4749 WHITETAIL LANE**

City  
**NEW PORT RICHEY FL** Zip Code  
**34653**

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 *Debra Paprzycki* **DEBRA PAPRZYCKI** **4/26/02**  
Signature, typed or printed name of registered agent and 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAPRZYCKI, DEBRA 2370 OAKBEND DR #1328 PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: *Debra Paprzycki* **DEBRA PAPRZYCKI** **4/26/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)