

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90273 010 \*\*\*150.00

DOCUMENT # P93000000980

1. Corporation Name

RADIOLOGY TRANSCRIPTION SPECIALISTS, INC.

Principal Place of Business

3651 St. Johns Avenue  
Suite 6A  
Jacksonville, FL 32205

Mailing Address

3651 St. Johns Avenue  
Suite 6A  
Jacksonville, FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
January 1, 1993

4. FEI Number

~~59-315778~~ 59-3157781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3651 St. Johns Avenue

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip Country

24 32205

25 US

2a. Mailing Address

26 3651 St. Johns Avenue

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip Country

29 32205

30 US

9. Name and Address of Current Registered Agent

Mary A. Robison  
1 Independent Drive, Suite 2600  
Jacksonville, FL 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: ☐ DELETE  
NAME: D/P  
STREET ADDRESS: ROOKS, TAMMY D.  
CITY-ST-ZIP: 1756 LAKE SHORE BLVD.  
JACKSONVILLE, FL 32210

TITLE: ☐ DELETE  
NAME: S  
STREET ADDRESS: MIKELL, DEBRA B.  
CITY-ST-ZIP: 8958 ALLIGATOR'S ROAD  
JACKSONVILLE, FL 32219

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra B. Mikell / Debra B. Mikell

Date

Daytime Phone #

4/21/99 904/387-0414

CR2E034 (11/98)