

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 AUG 10 AM 9:18

SUICIDEVILLE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000980 (1)**

1. Corporation Name

RADIOLOGY TRANSCRIPTION SPECIALISTS, INC.

Principal Place of Business

Mailing Address

1756 LAKE SHORE BLVD.
JACKSONVILLE FL 32210

1756 LAKE SHORE BLVD.
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/01/1993** 3a. Date of Last Report **12/09/1994**

4. FEI Number **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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **4070 Herschel Street**

26 **4070 Herschel Street**

Suite, Apt. #, etc. **Suite 6-A**

Suite, Apt. #, etc. **Suite 6-A**

23 City & State **Jacksonville, Florida**

28 City & State **Jacksonville, Florida**

24 Zip **32210** 25 Country **Duval**

29 Zip **32210** 30 Country **Duval**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBISON, MARY A
1 INDEPENDENT DR.
SUITE 2600
JACKSONVILLE FL 32202**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **ROOKS, RONALD F**
STREET ADDRESS **1756 LAKE SHORE BLVD.**
CITY - ST - ZIP **JACKSONVILLE FL 32210**

1.1 TITLE Change Addition
1.2 NAME **Delete entire entry**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **DP**
NAME **ROOKS, TAMMY D**
STREET ADDRESS **1756 LAKE SHORE BLVD.**
CITY - ST - ZIP **JACKSONVILLE FL 32210**

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

TITLE **S**
NAME **LARUE, CINDY**
STREET ADDRESS **4552 APPLETON AVE.**
CITY - ST - ZIP **JACKSONVILLE FL 32210**

3.1 TITLE Change Addition
3.2 NAME **MIKELL, Debra B.**
3.3 STREET ADDRESS **8958 Alligator's Road**
3.4 CITY - ST - ZIP **Jacksonville FL 32219**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Tammy D. Rooks

Tammy D. Rooks

8/7/95

(904) 387-0414

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number