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

APPROVED AND FILED
95 APR 17 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000010872 (8)**

1. Corporation Name
EXPERT MEDICAL TRANSCRIPTION, INC.

Principal Place of Business	Mailing Address
10221 SW 116 AVE MIAMI FL 33176-2565	10221 SW 116 AVE MIAMI FL 33176-2565

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: 16750SW 77AVE	Suite, Apt. #, etc. 27: 16750 SW 77 AVE
City & State 23: MIAMI FL	City & State 28: MIAMI FL
Zip 24: 33157 Country 25:	Zip 29: 33157 Country 30:

4. FEI Number: 65-0391980 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOYLE, CELIA L 10221 SW 116 AVE MIAMI FL 33176-2565	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83: 16750 SW 77 AVE 84 City: MIAMI FL 85 Zip Code: 33157

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: Celia L Doyle — Celia L Doyle — 4/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☒ Change ☐ Addition
NAME	DOYLE, CELIA L	12 NAME	
STREET ADDRESS	10221 SW 116 AVE	13 STREET ADDRESS	16750 SW 77TH AVE
CITY-ST-ZIP	MIAMI FL 33176	14 CITY-ST-ZIP	MIAMI FL 33157
TITLE	VST	21 TITLE	☒ Change ☐ Addition
NAME	DOYLE, PETER J	22 NAME	
STREET ADDRESS	10221 SW 116 AVE	23 STREET ADDRESS	16750 SW 77TH AVE
CITY-ST-ZIP	MIAMI FL 33176	24 CITY-ST-ZIP	MIAMI, FL 33157
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Celia L Doyle — 4/11/95 — (305) 378-1681
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Celia L. Doyle

01M144 CP