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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000010872 (8)**

1. Corporation Name

EXPERT MEDICAL TRANSCRIPTION, INC.

Principal Place of Business	Mailing Address
16750 SW 77 AVENUE MIAMI FL 33157 US	16750 SW 77 AVE MIAMI FL 33157 US

2. Principal Place of Business	2a. Mailing Address
21 10852 N. Kendall Drive	26 10852 N. Kendall Drive
Suite, Apt. #, etc. 22 205	Suite, Apt. #, etc. 27 205
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33176	Zip 29 33176
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified: 02/05/1993

3a. Date of Last Report: 04/17/1995

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

DOYLE, CELIA L
16750 SW 77 AVE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: Kenneth W. Schafer
82 Street Address (P.O. Box Number is Not Acceptable): 10852 N. Kendall Dr., #205
83
84 City: Miami FL 85 Zip Code: 33176

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: Kenneth W. Schafer — Signature, typed or printed name of registered agent and title if applicable. Kenneth W. Schafer President (NOTE: Registered Agent signature required when reinstating) DATE: 4/16/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC DOYLE, CELIA L 16750 SW 77 AVE MIAMI FL	☐ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	V Doyle, Celia L. 817 Mountain View Road Asheville, NC 28805 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST DOYLE, PETER J 16750 SW 77 AVE MIAMI FL	☒ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	P/S/T Schafer, Kenneth W. 10852 N. Kendall Dr., #205 Miami, FL 33176 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Kenneth W. Schafer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/16/96 — Daytime Phone #: (305) 598-5207

CR2E034 (12/95)