FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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
16750 SW 77 AVENUE
MIAMI FL 33157
US

Mailing Address
16750 SW 77 AVE
MIAMI FL 33157
US

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 ☐

2. Principal Place of Business
21 10852 N. Kendall Drive
Suite, Apt. #, etc.
22 205
City & State
23 Miami, FL
Zip 24 33176 Country 25 USA

2a. Mailing Address
26 10852 N. Kendall Drive
Suite, Apt. #, etc.
27 205
City & State
28 Miami, FL
Zip 29 33176 Country 30 USA

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: [signature] Kenneth W. Schafer President 4/6/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	DOYLE, CELIA L	
STREET ADDRESS	16750 SW 77 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VST	☒ DELETE
NAME	DOYLE, PETER J	
STREET ADDRESS	16750 SW 77 AVE	
CITY-ST-ZIP	MIAMI FL	
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	V	☒ Change ☐ Addition
1.2 NAME	Doyle, Celia L.	
1.3 STREET ADDRESS	817 Mountain View Road	
1.4 CITY-ST-ZIP	Asheville, NC 28805	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/S/T	☐ Change ☒ Addition
3.2 NAME	Schafer, Kenneth W.	
3.3 STREET ADDRESS	10852 N. Kendall Dr., #205	
3.4 CITY-ST-ZIP	Miami, FL 33176	
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 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: [signature] 4/6/96 (305) 548-5207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)