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
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90026 046 ***150.00

DOCUMENT # **P93000010872**

1. Corporation Name
EXPERT MEDICAL TRANSCRIPTION, INC.

Principal Place of Business	Mailing Address
10852 NORTH KENDALL DRIVE SUITE 205 MIAMI FL 33176 US	10850 SW 112TH PLACE SUITE 220 MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 21 10850 SW 113 Place	2a. Mailing Address 26 10850 SW 113 Place	4. FEI Number: 65-0391980 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 220	Suite, Apt. #, etc. 27 Suite 220	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Miami, FL	City & State 28 Miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 33176 Country 25 US	Zip 29 33176 Country 30 US	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHAFER, KENNETH W. 10852 NORTH KENDALL DRIVE SUITE 205 MIAMI FL 33176	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	V	☑ Change ☐ Addition
NAME	DOYLE, CELIA L		1.2 NAME	Doyle, Celia L.	
STREET ADDRESS	817 MOUNTAIN VIEW ROAD		1.3 STREET ADDRESS	354 Rose Hill Road	
CITY-ST-ZIP	ASHEVILLE NC		1.4 CITY-ST-ZIP	Asheville, NC 28803	
TITLE	PST	☐ DELETE	2.1 TITLE	PST	☑ Change ☐ Addition
NAME	SCHAFER, KENENTH W.		2.2 NAME	Schafer, Kenneth W.	
STREET ADDRESS	10852 NORTH KENDALL DRIVE #205		2.3 STREET ADDRESS	10852 N. Kendall Drive, #205	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Kenneth W. Schafer REGISTERED AGENT Kenneth W. Schafer 1/6/99 305 596-5207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/98)