

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000010872

FILED
Jan 25, 2002 8:00 AM
Secretary of State

Entity Name: EXPERT MEDICAL TRANSCRIPTION, INC.

Current Principal Place of Business:

10850 SW 113 PL
STE. 220
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

10850 SW 113 PL
SUITE 220
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0391980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFFER, KENNETH W.
10852 NORTH KENDALL DRIVE
SUITE 205
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

SCHAFFER, KENNETH W.
5411 S.W. 104TH AVENUE
MIAMI, FL 33165 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/25/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DOYLE, CELIA L
Address: 358 ROSE HILL RD
City-St-Zip: ASHEVILLE, NC 28803

Title: PST () Delete
Name: SCHAFFER, KENENTH W.
Address: 10852 NORTH KENDALL DRIVE #205
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: DOYLE, CELIA L
Address: 1005 RIVER RIDGE DRIVE
City-St-Zip: ASHEVILLE, NC 28803

Title: PST (X) Change () Addition
Name: SCHAFFER, KENENTH W.
Address: 5411 S.W. 104TH AVENUE
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH W. SCHAFFER

Electronic Signature of Signing Officer or Director

MR.

01/25/2002

Date