## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address 10850 SW 113 PL

MIAMI FL 33176

**SUITE 220** 

## P93000010872 **DOCUMENT #**

1. Entity Name

10850 SW 113 PL

STE. 220 MIAMI FL 33176

Principal Place of Business

EXPERT MEDICAL TRANSCRIPTION, INC.



## **FILED** Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90095 021 \*\*\*150.00

70011980 

JS		US				
2. Principal F	Place of Business SW 40 Street,	3. Mailing Address	40 Street	t (Desires) (IN 18158 (IV)) Delii Obiii Obiii Obiii Obiii	2014 00101 1011 1011 1001	• (III (III)
Suite, Apt.	#, etc	Suite, Apt. #, etc.		CHECK HERE IF MAKING	3 CHANGES	
<del>با زر ک</del>		<b>40% 20%</b> City & State		4. FEI Number or 2004000	App	lied For
City & State  Miani, F  City & State  Miani, F				4. FEI Number 65-0391980		Applicable
Zip 336	Country	Zip 33165	Country	5. Certificate of Status Desired	\$8.75 Additi Fee Required	ional
- 2-2	<ul> <li>6. Name and Address of Current R</li> </ul>	egistered Agent		7. Name and Address of New Registered	Agent	
SCHAFER, KENNETH W. 5411 S.W. 104TH AVENUE			Name Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL			City	FL		
	tions of registered agent.		registered office or regist	ered agent, or both, in the State of Florida. I am		nd accept
• • • • • • • • • • • • • • • • • • • •		o rue ii applicable. (NOTE:	Registered Agent signature requir	red when reinstading)		
🕝 Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		Election Campaign Financing     Trust Fund Contribution.   C	\$5.00 Added to	May Be o Fees
10.	OFFICERS AND D	JIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOYLE, CELIA L 1005 RIVER RIDGE DRIVE ASHEVILLE NC 28803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	isa Dayle 65 Caney Fork Road 65 Caney Fork Road 64 Chlowehee, NC 25	7 <b>27</b> Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PST SCHAFER, KENENTH W. 5411 S.W. 104TH AVENUE MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The contract of the contract o	☐ Change	Addition
						Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	
NAME Street address		□ Delete □ Delete	NAME STREET ADDRESS			☐ Addition

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 10 or Block 11 if

SIGNATURE:

*PULLU*LEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR