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PROFIT CORPORATION **ANNUAL REPORT**

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P94000004056 (5) DOCUMENT #
1. Corporation Name

ON-LINE TRANSCRIPTION, INC.

Mailing Address Principal Place of Business 2614 SEIDENBERG AVE. 2614 SEIDENBERG AVE. KEY WEST FL \$3040 KEY WEST FL 33040

FILED Apr 24 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/<u>18/1994</u> Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0476231 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. **₩** No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NACRELLI, STEPHEN J 2614 SEIDENBERG AVE. Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 City 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 Signature, typed or printed name of regetered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition NACRELLI, VIOLET H NAME 1.2 NAME 2614 SEIDENBERG AVE STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition NACRELLI, VIOLET 2.2 NAME 2614 SEIDENBERG AVE STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE Change ☐ Addition 31 TIDE NACRELLI, STEPHEN J NAME 3.2 NAME 2614 SEIDENBERG AVE. STREET ADDRESS 3.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME NACRELLI, STEPHEN J 4. 2 NAME 2814 SEIDENBERG AVE. STREET ADDRESS 4.3 STREET ADDRESS **KEY WEST FL 33040** CITY-ST-2IP 44 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.