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 # **P94000008801 (0)**

1. Corporation Name
PRECISION MEDICAL TRANSCRIPTION, INC.

Principal Place of Business
~~3922 FIELDSTONE COURT~~
~~STE. 108~~
~~PALM HARBOR FL 34684~~

Mailing Address
1103 FLORIDA AVE % CPC
PALM HARBOR FL 34683

3. Date Incorporated or Qualified: 01/26/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 3364 Cloverplace Dr.
Suite, Apt. #, etc.
22
City & State
23 PALM HARBOR, FL
Zip 24 34684 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: APPLIED FOR 59-3312552 — Applied For / Not Applicable

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
~~WEEDEN, THOMAS A~~
~~3922 FIELDSTONE COURT~~
~~STE. 108~~
~~TAMPA FL 34684~~

10. Name and Address of New Registered Agent
81 Name: NANCY M. RUSSELL % CPC
82 Street Address (P.O. Box Number is Not Acceptable): 1103 FLORIDA AVE
83
84 City: PALM HARBOR, FL 85 Zip Code: 34683

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: Nancy M. Russell NANCY M. RUSSELL DATE: 4/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WEEDEN, KELLY J	
STREET ADDRESS	3922 FIELDSTONE COURT #108	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VD	☒ DELETE
NAME	WEEDEN, THOMAS A	
STREET ADDRESS	3922 FIELDSTONE COURT #108	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/S	☒ Change ☐ Addition
1.2 NAME	WEEDEN, KELLY J.	
1.3 STREET ADDRESS	3364 CLOVERPLACE DR.	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
2.1 TITLE	V/T	☐ Change ☒ Addition
2.2 NAME	RUSSELL, NANCY M.	
2.3 STREET ADDRESS	1103 FLORIDA AVE.	
2.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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: Kelly J. Weeden — Date: 4/22/96 — Daytime Phone #: 813/789-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)