

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90045 011 ***150.00

DOCUMENT # P94000008801

1. Corporation Name

PRECISION MEDICAL TRANSCRIPTION, INC.

Principal Place of Business

340 PALMDALE DR
STE. 108
OLDSMAR FL 34677
US

Mailing Address

1103 FLORIDA AVE % CPC
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1994

4. FEI Number

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 owes the current year intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

21 1114 FLORIDA AVE.

Suite, Apt. #, etc.

22 B

City & State

23 PALM HARBOR, FL

Zip

24 34683

Country

25 USA

2a. Mailing Address

26 1114 FLORIDA AVE.

Suite, Apt. #, etc.

27 B

City & State

28 PALM HARBOR, FL

Zip

29 34683

Country

30 USA

9. Name and Address of Current Registered Agent

NANCY M. RUSSELL
1103 FLORIDA AVE.
STE. 108
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

KELLY J. WEEDEN

82 Street Address (P.O. Box Number is Not Acceptable)

1114 FLORIDA AVENUE

83 SUITE B

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 *Kelly J. Weeden*

KELLY J. WEEDEN

4/13/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME WEEDEN, KELLY J.
STREET ADDRESS 340 PALMDALE DR
CITY-ST-ZIP OLDSMAR FL 34677

TITLE VT ☒ DELETE

NAME RUSSELL, NANCY M.
STREET ADDRESS 1103 FLORIDA AVE.
CITY-ST-ZIP PALM HARBOR FL

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 ☒ Change ☐ Addition

1.2 NAME P/V/T/S
WEEDEN, KELLY J.
1.3 STREET ADDRESS 1114 FLORIDA AVENUE, SUITE B
1.4 CITY-ST-ZIP PALM HARBOR, FL 34683

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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: *Kelly Weeden*

KELLY WEEDEN

4/13/99

727/789-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)