

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 # **P94000020657 (0)**

1. Corporation Name

MEDICAL TRANSCRIPTION SERVICES, INC.



Principal Place of Business

**2086 BONNIE AVENUE
PALM HARBOR FL 34683**

Mailing Address

**2086 BONNIE AVENUE
PALM HARBOR FL 34683**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

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Zip

Country

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30

9. Name and Address of Current Registered Agent

**TRIHAS, EFFIE
2086 BONNIE AVENUE
PALM HARBOR FL 34683**

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3232 183

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85.

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

Effie Trihas **President EFFIE TRIHAS**

5/19/96

(If OFFICER, Registered Agent Signature required when not stating DATE)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
TRIHAS, EFFIE
2086 BONNIE AVENUE
PALM HARBOR FL 34683**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. STREET ADDRESS ☐ Change ☐ Addition

8. CITY-ST-ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. STREET ADDRESS ☐ Change ☐ Addition

12. CITY-ST-ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. STREET ADDRESS ☐ Change ☐ Addition

16. CITY-ST-ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. STREET ADDRESS ☐ Change ☐ Addition

20. CITY-ST-ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY-ST-ZIP ☐ Change ☐ Addition

25. TITLE ☐ Change ☐ Addition

26. NAME ☐ Change ☐ Addition

27. STREET ADDRESS ☐ Change ☐ Addition

28. CITY-ST-ZIP ☐ Change ☐ Addition

29. TITLE ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

31. STREET ADDRESS ☐ Change ☐ Addition

32. CITY-ST-ZIP ☐ Change ☐ Addition

33. TITLE ☐ Change ☐ Addition

34. NAME ☐ Change ☐ Addition

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:

Effie Trihas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President
Effie Trihas**

5/19/96

739-3169
Office Phone #

CP2E034 (12/95)