FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 JUL 21 PM 2:53

DOCUMENT # P94000026553 (5)

1. Corporate Name

MEDICAL TRANSCRIPTION SERVICES LTD. INC.

Principal Place of Business	Mailing Address
21346 Saint Andrews Blvd. Suite 418 Boca Raton Fl 33433	21346 Saint Andrews Blvd. Suite 418 Boca Raton, Fl 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21, Suite, Apt. #, etc. 22, City & State 23, Zip 24, Country 25

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

3. Date Incorporated or Qualified: 04/05/1994

3a. Date of Last Report:

4. FEI Number: 65-0486345 — 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

SCANLON, PHILIP
21346 Saint Andrews Blvd. Suite 418
Boca Raton, Fl 33433

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

12. OFFICERS AND DIRECTORS

Title	D
Name	Scanlon Philip
Street Address	21346 Saint Andrews Blvd Suite 418
City-St-Zip	Boca Raton, Fl 33433

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 Title	D	☐ Change ☒ Addition
1.2 Name	Joline West	
1.3 Street Address	21346 Saint Andrews Blvd. Suite 418	
1.4 City-St-Zip	Boca Raton, Fl 33433	

600001545326
-07/25/95--01064--005
****225.00 ****225.00

LW

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)(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.

SIGNATURE: Philip Scanlon — 4/30/95 — 407 393 3579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0276120 CP