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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet H. Morris
Secretary of State
Tallahassee, Florida 32399

DOCUMENT # P94000026553 (5)

MEDICAL TRANSCRIPTION SERVICES LTD, INC.

1. Principal Office of Business 21346 Saint Andrews Blvd. Suite 418 Boca Raton Fl 33433		2a. Mailing Address 21346 Saint Andrews Blvd. Suite 418 Boca Raton, Fl 33433		3. Date of Incorporation or Qualified 04/05/1994		3a. Date of Last Report	
2. Principal Office of Business 21 Suite Apt. # etc.		2a. Mailing Address 26 Suite Apt. # etc.		4. FEI Number 65-0486345		Applied for Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 City & State		29 City & State		8. This corporation has liability for intangible tax under S. 190.032, 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 602.06(1) and 602.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent on 1995 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 duties of an agent under 602.06, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME Scanlon Philip 21346 Saint Andrews Blvd Suite 418 Boca Raton, Fl 33433		1. NAME Joline West 21346 Saint Andrews Blvd. Suite 418 Boca Raton, Fl 33433	
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14. I, the undersigned, certify that the information supplied with this filing is substantially accurate and does not qualify for the exemption stated in Section 602.06(1)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall force the same upon the Florida Department of State. I am an officer or director of this corporation or the registered agent or person responsible for filing this report as required by Chapter 602, Florida Statutes, and that my name appears on this report. If the name of the corporation has changed since the last filing, please include the new name with an address.

SIGNATURE: *Philip Scanlon* 4/30/95 407393 3579