SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthami Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94 1. Corporation Name	000026553 (5)	
MEDICAL TRANSCRIPTION S	SERVICES LTD, INC.	
Principal Place of Business	Mailing Address	
21346 SAINT ANDREWS BLVD. STE. 418 BOCA RATON FL 33433	21346 SAINT ANDREWS BLVD. STE. 418 BOCA RATON FL 33433	-

21346 SAINT STE. 418	the of Business ANDREWS BLVD.	Mailing Address 21346 SAINT ANDREW STE. 418	'S BLVD.				
BOCA RATO	N FL 33433	BOCA RATON FL 3343)3		3. Date Incorporated or Qualitie 04/05/1994	3a. Date of East Report 07/21/1995	
	Place of Business	2a. Mailing Address		w	4. FEI Number	Applied Fo	
Suite, Apt	# oto	26			65-0486345	Not Applic	
22 Suite, Apr	#, etc	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & Sta	te	City & State			6. Election Campaign Financing	7	
23 Zip	Country	28 Zip	Count		Trust Fund Contribution	Added to Fees	
24	25	29	30	• •	Florida Statutes	for intangible tax under s. 199 032 XX Yes No	
-	9. Name and Address of (· — · · · · · · · · · · · · · · · · · ·			10. Name and Address of New	<u> </u>	
SC	CANLON, PHILIP		8	1 Name			
	346 SAINT ANDREWS BLVI	D.	6	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	E. 418		ا	3			
BC	OCA RATON FL 33433		8	3			
			8	4 City		FL 85 Zip Code	
agent La	24	obligations of, Section 607.0505, F	Florida Statute				
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The supplemental annual report or supplemental annual report is true and accorate and that ny signature shall have the same legal effect as I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

GNATURE:

SIGNATURE ANOTYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: