

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

9 MAY 11 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036988 (1)

1. Corporation Name:

MEDICAL DICTATION, INC.

Principal Place of Business:

12470 SPRING HILL DRIVE
SPRING HILL FL 34609

Main Office:

12470 SPRING HILL DRIVE
SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

2. Principal Place of Business:

21

Suite, Apt. # etc.

22

City & State

23

28. Mailing Address:

26

Suite, Apt. # etc.

27

City & State

28

4. FET Number

59-324/031

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. 199.05,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGROGAN, SUSAN
12470 SPRING HILL DRIVE
SPRING HILL FL 34609

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 607.0002 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

Susan McGrogan

Pres.

5-8-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

D
MCGROGAN, ELIZABETH
12312 DRAYTON DRIVE
SPRING HILL FL 34609

1. NAME

☐ Change ☐ Addition

2. STREET ADDRESS

12312 DRAYTON DRIVE
SPRING HILL FL 34609

2. STREET ADDRESS

☐ Change ☐ Addition

3. CITY & STATE

SPRING HILL FL 34609

3. CITY & STATE

☐ Change ☐ Addition

4. NAME

D
MCGROGAN, SUSAN
12312 DRAYTON DRIVE
SPRING HILL FL 34609

4. NAME

☐ Change ☐ Addition

5. STREET ADDRESS

12312 DRAYTON DRIVE
SPRING HILL FL 34609

5. STREET ADDRESS

☐ Change ☐ Addition

6. CITY & STATE

SPRING HILL FL 34609

6. CITY & STATE

☐ Change ☐ Addition

7. NAME

7. NAME

☐ Change ☐ Addition

8. STREET ADDRESS

8. STREET ADDRESS

☐ Change ☐ Addition

9. CITY & STATE

9. CITY & STATE

☐ Change ☐ Addition

10. NAME

10. NAME

☐ Change ☐ Addition

11. STREET ADDRESS

11. STREET ADDRESS

☐ Change ☐ Addition

12. CITY & STATE

12. CITY & STATE

☐ Change ☐ Addition

13. NAME

13. NAME

☐ Change ☐ Addition

14. STREET ADDRESS

14. STREET ADDRESS

☐ Change ☐ Addition

15. CITY & STATE

15. CITY & STATE

☐ Change ☐ Addition

16. NAME

16. NAME

☐ Change ☐ Addition

17. STREET ADDRESS

17. STREET ADDRESS

☐ Change ☐ Addition

18. CITY & STATE

18. CITY & STATE

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, 081, Florida Statutes. I further certify that the information included on the 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 of Block 13, if changed, or in an attached form with an address.

SIGNATURE:

Susan McGrogan

Res. Susan McGrogan 5-8-95 904-686-6166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR