FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054391 (5)**

1. Corporate Name
WEST COAST MEDICAL TRANSCRIPTION SERVICE, INC.

Principal Place of Business	Mailing Address
3393 ENISGROVE DR E PALM HARBOR FL 34683	3393 ENISGROVE DR E PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1994** | 3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. # or Bldg. — 22:
City & State — 23:
Zip — 24: | County — 25:

2a. Mailing Address — 26:
Suite, Apt. # or Bldg. — 27:
City & State — 28:
Zip — 29: | County — 30:

4. FEI Number: 59-3257642 ☐ 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

SLOAN, MARSHA
3393 ENISGROVE DR E
PALM HARBOR FL 34683

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 section(s) 607.0505 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

(If changing registered agent, registered agent must sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 Title	P	01 Title	☐ Change ☐ Addition
02 Name	Marsha Sloan	02 Name	
03 Street Address	3393 - Enisgrove DR. E	03 Street Address	
04 City, St, ZIP	Palm Harbor, FL 34683	04 City, St, ZIP	
05 Title		05 Title	☐ Change ☐ Addition
06 Name		06 Name	
07 Street Address		07 Street Address	
08 City, St, ZIP		08 City, St, ZIP	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, St, ZIP		12 City, St, ZIP	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, ZIP		16 City, St, ZIP	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, ZIP		20 City, St, ZIP	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, ZIP		24 City, St, ZIP	
25 Title		25 Title	☐ Change ☐ Addition
26 Name		26 Name	
27 Street Address		27 Street Address	
28 City, St, ZIP		28 City, St, ZIP	

14. I do hereby certify that the information supplied with this report is accurate and that this report does not apply 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 above or on an attachment with an asterisk.

SIGNATURE: Marsha Sloan — 5/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

0346124 CP