

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000022290 (7)

1. Corporation Name

ONLINE MEDICAL TRANSCRIPTIONS, INC.

Principal Place of Business

5051 S.W. 142ND PLACE
MIAMI FL 33175

Mailing Address

5051 S.W. 142ND PLACE
MIAMI FL 33175



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

DIAZ, JUAN R
5051 S.W. 142ND PLACE
MIAMI FL 33175

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

4. FET Number

65-0565426

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees 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

10. Name and Address of New Registered Agent

81 Name

LORENA B. DIAZ

82 Street Address (P.O. Box Number is Not Acceptable)

5051 SW 142 PLACE

83

84 City

Miami

FL

85 Zip Code

33175

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, 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

Lorena B. Diaz

12. Registered Agent's signature required when resigning

1-23-96

12. OFFICERS AND DIRECTORS

1. TITLE

NAME
DIAZ, JUAN R
STREET ADDRESS
5051 S.W. 142ND PLACE
CITY - ST - ZIP
MIAMI FL 33175

2. TITLE

NAME
DIAZ, JUAN R
STREET ADDRESS
5051 S.W. 142ND PLACE
CITY - ST - ZIP
MIAMI FL 33175

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME
LORENA B. DIAZ

STREET ADDRESS
5051 SW 142ND PLACE

CITY - ST - ZIP
Miami, FL. 33175.

NAME
T/O

STREET ADDRESS
Juan R. Diaz

CITY - ST - ZIP
5051 SW 142 PL

MIAMI, FL 33175

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)(k), 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:

Juan R. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Date

Deputy Phone #

CR2E034 (12/95)