FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000037370 (0)

CABRERA MEDICAL TRANSCRIPTIONS, INC.

FILED

Jan 30 1998 8:00am

Secretary of State

Principal Place of Business Mailing			ng Address			1881/081 IIO FRIDE SILIE ORISE ORISE ORISE ORISE ORISE ORISE IN TOUR CORE ORISE ORISE		
11563 SW 124 MIAMI FL 3318		11563 SW 124TH COURT MIAMI FL 33186				DO NOT WRITE IN	THIS SDACE	
						3. Date Incorporated or Qualified	THIS STACE	
9 Principal Pl	ace of Business	2a. Mailing A	ddrase			05/11/1995 4. FEI Number		Applied For
21	ace of Equiliess	26	(III) ess				⊢ +	Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			65-0582835	60.75	Additional
22	., 0,0.	27				5. Certificate of Status Desired	, , ,	Regulred
City & State	3		City & State			6. Election Campaign Financing		0 May Be
23		<u></u>	28			Trust Fund Contribution		May Be
Zip	Country	Zip		Country	'	8. This corporation owes or has paid to		
24	25	29	30	آ آو		Personal Property Tax due June 30.		□ No
	9. Name and Address of Curr			-		10. Name and Address of New Regis		
CABRERA, MARILYN C					Name			
11563 SW 124TH COURT				-	04	(0.0 P1)		
	MI FL 33186		62 Street Ad			ddress (P.O. Box Number is Not Acceptable)		
MIN	WI FE 33100			83				
				84	City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0s egistered agent, or both, in the Sta	502 and 607.1508, Fi te of Florida. Such c	lorida Statutes, hange was aut	the above	L e-named co the corpo	orporation submits this statement for the purp oration's board of directors. I hereby accept the	ose of changing	its registered s registered
office or registered agent, or both, in the State of Florida. Such charge 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.		ND DIRECTORS	(HOTE R	13.	ant signature re	ADDITIONS/CHANGES TO OFFICER		DRS IN 12
TITLE	D		DELETE	1.1 11TLE		. ADDITION OF THE CONTROL OF THE CON	Change	☐ Addition
NAME	CABRERA, MARILYN C	-	-	1.2 NAME				
STREET ADDRESS	11563 SW 124TH COURT			1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			1.4 CITY-S				
TITLE	D		DELETE	2.1 TITLE	1-211		☐ Change	Addition
NAME	CABRERA, PETER H	_	,	2.2 NAME	Ī			
STREET ADDRESS	11563 SW 124TH COURT			2.3 STREET	ADDOCCC			
	MIAMI FL 33186			2 4 CITY-1				
CITY-ST-ZIP TITLE	MINWITE 33100		DELETE	3.1 TITLE	51-ZIF		Change	Addition
NAME				3.2 NAME			and ominge	
STREET ADDRESS				3.3 STREET	ADDRECC			ì
CITY-ST-ZIP				3.4. CITY-	- 1			ŀ
TITLE			DELETE	4.1 TITLE	31-21		☐ Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	MODECC			
CITY-ST-ZIP TITLE		,	DELETE	4.4 CITY-S 5.1 TITLE	1-211		Change	Addition
NAME		La.		5.2 NAME			Change	
					4DDDCCC			ļ
STREET ADDRESS				5.3 STREET	j			
CITY-ST-ZIP			DELETE	5.4 CITY - S	1-219		☐ Change	Addition
TITLE		ــا	J DELLIL	6.1 TITLE				
NAME				6.2 NAME				
STREET ADDRESS				63 STREET				
CITY-ST-ZIP			i	6.4 DITY - S	T-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify 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 if ghangle, or on an attachment with an address.