

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 #

1. Corporation Name

295000037733
MED TRAN SCHOOL AND TRANSCRIPTION
SERVICE, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 744 E. Burgess Rd

Suite, Apt # etc

22 C-101

City & State

23 Pensacola FL

Zip

24 32504

Country

25 USA

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

5-10-95

3a. Date of Last Report

NA

4. FEI Number

59-3293738

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

Joanne Griffin
10129 Vixen Place
Pensacola FL 32514

10. Name and Address of New Registered Agent

81 Name

HOLD

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

Joanne Griffin

83

8121 Malibu Dr

84 City

Pensacola

FL

85 Zip Code

32514

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, 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director/owner
Joanne Griffin
10129 Vixen Pl
Pensacola FL 32514

☐ DELETE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne Griffin

5/7/96

Date

857 0087

Daytime Phone #

CR2E034 (12/95)