

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

FILED
Feb 05 1998 8:00am
Secretary of State

DOCUMENT # P95000070174 (4)

1. Corporation Name
TBA MEDICAL TRANSCRIPTION, INC.

Principal Place of Business

2135 SOUTH CONGRESS AVENUE
SUITE 2-C
W. PALM BEACH FL 33415

Mailing Address

2135 SOUTH CONGRESS AVENUE
SUITE 2-C
W. PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1995

4. FEI Number

65-0611865

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 810 SKY PINE WAY

26 810 SKY PINE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 E-1

27 E-1

City & State

City & State

23 WEST PALM BEACH

28 WEST PALM BEACH

Zip

Country

Zip

Country

24 33415

25 USA

29 33415

30 USA

9. Name and Address of Current Registered Agent

REDMER, ALBERTA C.
2135 SOUTH CONGRESS AVENUE
SUITE 2-C
W. PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name

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

810 SKY PINE WAY E-1

84 City

WEST PALM BEACH

FL

85 Zip Code

33415

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 ☐ DELETE

NAME REDMER, ALBERTA C
STREET ADDRESS 810 SKY PINE WAY, E-1
CITY-ST-ZIP W. PALM BEACH FL 33415

TITLE ☐ DELETE

NAME REDMER, PAUL D
STREET ADDRESS 4820 BAKER PLANTATION DR.
CITY-ST-ZIP ACWORTH GA 30101

TITLE ☐ DELETE

NAME REDMER, STEVEN F
STREET ADDRESS 5070 DALEWOOD LANE
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE

NAME REDMER, FREDERICK J
STREET ADDRESS 810 SKY PINE WAY, E-1
CITY-ST-ZIP W. PALM BEACH FL 33415

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE:

Alberta C. Redmer, Secretary

1/29/98

CR2E034 (10/97)