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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #

P95000078774 (3)

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9. Name and Address of Current Registered Agent

ON-LINE TRANSCRIBING SERVICES, INC.

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Princip	al Place of Busines	SS
0044	HEADOMS ADM NO	v

BOCA RATON FL 33496

2. Principal Place of Business

SOROKA, ETHEL

8911 MEADOWLARK WAY

BOCA RATON FL 33496

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

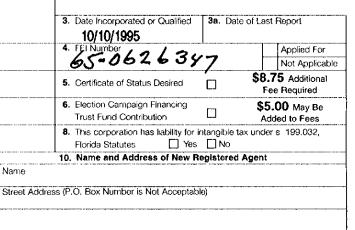
2a. Mailing Address

City & State

Ζıp

Suite, Apt. #, etc.

8911 MEADOWLARK WAY **BOCA RATON FL 33496**



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Zip Code

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

В1 Name

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84 City

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12.	lignature, typed or printed name of registered againt and title OFFICERS AND DIRE	C10RS)Tt. Registered Agent signature required when the second secon	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	D	□ DELF16	1. 1 TITLE	Change	Addition
NAME	SOROKA, ETHEL		1.2 NAME		
STREET ADDRESS	8911 MEADOWLARK WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TITLE	Change	☐ Addition
NAME			2.2 NAME		
\$TREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
THUE		☐] DELETE	3. 1 TITLE	Change	Addition Addition
NAME			3.2 NAME		
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NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		DELETE	5 1 TITLE	Change	Add tion
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
THLE		DELFTE	6 1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIF		

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 attachmen with an address

SIGNATURE:

G OFFICER OR DIRECTOR