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FILED

Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000011879 (9)

1. Corporation Name

MCCARTHY MEDICAL TRANSCRIPTION & TESTIMONY EDITING, INC.



Principal Place of Business

310 DYER RD.  
WEST PALM BEACH FL 33405

Mailing Address

310 DYER RD.  
WEST PALM BEACH FL 33405-1220

3. Date Incorporated or Qualified  
02/07/1996

3a. Date of Last Report

2. Principal Place of Business

21 2700 N. FLAGLER DR.

Suite, Apt. #, etc.

22 313

City & State

23 WEST PALM BEACH, FL

Zip

24 33407

Country

25 PALM BEACH

2a. Mailing Address

26 2700 N. FLAGLER DR.

Suite, Apt. #, etc.

27 313

City & State

28 WEST PALM BEACH, FL

Zip

29 33407

Country

30 PALM BEACH

4. FEI Number

65-6047030

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

MCCARTHY, BARBARA E  
310 DYER RD.  
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 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 D  
NAME MCCARTHY, BARBARA  
STREET ADDRESS 310 DYER RD.  
CITY-ST-ZIP WEST PALM BEACH FL 33405

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D  
1.2 NAME MCCARTHY, BARBARA  
1.3 STREET ADDRESS 2700 N. FLAGLER DRIVE, #313  
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33407

☒ Change

☐ Addition

2.1 TITLE D  
2.2 NAME MCCARTHY, K. KEVIN  
2.3 STREET ADDRESS 2700 N. FLAGLER DRIVE #313  
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33407

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)