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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Mar 12 1998 8:00am Secretary of State

P96000011879 (9) MCCARTHY MEDICAL TRANSCRIPTION & TESTIMONY EDITI NG. INC. Principal Place of Business Mailing Address 2700 N. FLAGLER DR. 2700 N. FLAGLER DR SUITE 313 SUITE 313 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 3. Date Incorporated or Qualified 02/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-6047030 21 Not Applicable 26 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zıp Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCCARTHY, BARBARA E c CARTHY, BARBAR A ress (P.O. Box Number is Not Acceptate 310 DYER RD. 2700 N. FLAGLER DR 82 WEST PALM BEACH FL 33405 83 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 agent, or both, in the State of Florida Statutes was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Florida Statutes are found accept the obligations of Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typod or printed name of registered age of and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE MCCARTHY, BARBARA NAME 1.2 NAME 2700 N. FLAGLER DR. #313 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE 2.1 TITLE Change Addition TITLE NAME MCCARTHY, KEIVN K 2.2 NAME 2700 N. FLAGLER DR. #313 STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY+ST-ZIP Change DELETE Addition 617ITLE TITLE 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.