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FILED

May 12 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 # P96000090774 (6)

1. Corporation Name  
PROFESSIONAL MEDICAL DICTATION, INC.



Principal Place of Business

3367 GATOR TRAIL  
SPRING HILL FL 34609

Mailing Address

3367 GATOR TRAIL  
SPRING HILL FL 34609-0662

3. Date Incorporated or Qualified  
11/05/1996

3a. Date of Last Report  
initial

2. Principal Place of Business

21 10468 Northcliffe Blvd

2a. Mailing Address

26 10468 Northcliffe Blvd

4. FEI Number

59-3408307

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite G

Suite, Apt. #, etc.

27 Suite G

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 Spring Hill FLORIDA

City & State

28 Spring Hill FLORIDA

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24 34608

Country

25 USA

Zip

29 34608

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

RHOADES, RON A ESQ  
2420 NORTH ESSEX AVENUE  
HERNANDO FL 34442

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: *Rhonda*

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D BAIG, PATRICIA L  
STREET ADDRESS  
3367 GATOR TRAIL  
CITY-ST-ZIP  
SPRING HILL FL 34609

TITLE ☐ DELETE

NAME  
D CAHILL, THERESA  
STREET ADDRESS  
13268 BRAYTON DRIVE  
CITY-ST-ZIP  
SPRING HILL FL 34609

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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: *Rhonda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/97

Daytime Phone #

0440177

CR2E034 (9/96)