FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90748 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010774

90123441

1. Entity Name
ACCUTRANZ MEDICAL TRANSCRIPTION SERVICES, INC.

Principal Place of Business	Mailing Address
12535 MISSION HILLS CIRCLE NORTH JACKSONVILLE, FL 32225	12535 MISSION HILLS CIRCLE NORTH JACKSONVILLE, FL 32225

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4494 Southside Blvd.	4494 Southside Blvd
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32216 Country USA	Zip 32216 Country USA

4. FEI Number 59-3495082 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINKLEY, LEA M
12535 MISSION HILLS CIRCLE NORTH
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name Lea M. Minkley
Street Address (P.O. Box Number Is Not Acceptable) 4494 Southside Blvd., Ste 201
City Jacksonville FL Zip Code 32216

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 4/28/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE ON OR BEFORE MAY 1, 2003 Fee Will Be Made Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☑ Change ☐ Addition
NAME	MINKLEY, LEA M		NAME	Lea M. Minkley	
STREET ADDRESS	12535 MISSION HILLS CIRCLE N		STREET ADDRESS	4494 Southside Blvd., Ste 201	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville FL 32216	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/28/2003 904-482-0468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #