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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000036644					
1. Corporation Name MEDTRAN PHYSICIANS' DICTATION SERVICES OF FLORIDA, INC.					
Principal Place of Business 1634 SHERWOOD LAKES BLVD. LAKELAND FL 33809			Mailing Address 1634 SHERWOOD LAKES BLVD. LAKELAND FL 33809		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified 04/22/1998			4. FEI Number 59-3508260		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent RICHARDSON, ROSALIE 5150 SOUTH FLORIDA AVENUE LAKELAND FL 33807			10. Name and Address of New Registered Agent 81 Name Robert D. Fennell 82 Street Address (P.O. Box Number is Not Acceptable) 1634 Sherwood Lakes Boulevard 83 84 City Lakeland FL 85 Zip Code 33809		
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 607.1508, Florida Statutes. SIGNATURE <i>Rosalie Richardson</i> <i>Robert D. Fennell</i> 8-16-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE August 3, 1999					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE NAME RICHARDSON, ROSALIE STREET ADDRESS 5150 SOUTH FLORIDA AVENUE CITY-ST-ZIP LAKELAND FL 33807	1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Robert D. Fennell 1.3 STREET ADDRESS 1634 Sherwood Lakes Boulevard 1.4 CITY-ST-ZIP Lakeland, Florida 33809				
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE Vice President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME J. Paulette Fennell 2.3 STREET ADDRESS 1634 Sherwood Lakes Boulevard 2.4 CITY-ST-ZIP Lakeland, Florida 33809				
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				
14. 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 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: <i>Robert D. Fennell</i> 08/03/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (5/99)