

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030735

1. Entity Name

MEDSCRIPTS TRANSCRIBING SERVICES, INC.

Principal Place of Business

7777 PINES BLVD. STE.222
PEMBROKE PINES FL 33024

Mailing Address

7777 PINES BLVD. STE 222
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0910387

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, RICH
7777 PINES BLVD. STE.222
PEMBROKE PINES FL 33024

Name

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

City

FL Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

RICH GARCIA VICE PRESIDENT / OWNER / 1/31/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 - May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME GARCIA, RICH
STREET ADDRESS 7777 PINES BLVD. STE.222
CITY-ST-ZIP PEMBROKE PINES FL 33024

Delete

TITLE D
NAME LAZER-GARCIA, REBECCA A
STREET ADDRESS 7777 PINES BLVD. STE.222
CITY-ST-ZIP PEMBROKE PINES FL 33024

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICH GARCIA, VP / OWNER

1/31/01 954-981-3870
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)