

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90147 010 ***150.00

DOCUMENT # P99000072006

1. Entity Name
CASEY MEDICAL TRANSCRIPTIONS, INC.



Principal Place of Business

931 EAST OCEAN BLVD
STUART FL 34994

Mailing Address

931 EAST OCEAN BLVD
STUART FL 34994

2. Principal Place of Business

1427 SE Village Green Dr

Suite, Apt. #, etc.

3. Mailing Address

1427 SE Village Green Dr

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip
34952

Country
USA

City & State

Port St. Lucie, FL

Zip
34952

Country
USA

4. FEI Number

65-0950007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CASEY, TERRY
567 SW 11TH CT
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

Terry Casey

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

5847 NW Zenith Drive

Port St. Lucie

City

FL

Zip Code

34986

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 **Terry Casey (address change only)**

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

(NOTE: Registered Agent signature required when reinstating)

4-24-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CASEY, TERRY G**
STREET ADDRESS **5847 NW ZENITH DR**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

772-398-0211

Daytime Phone #

CR2E034 (10/02)