

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90115 003 \*\*\*150.00

**DOCUMENT # P99000076653**

1. Entity Name

**LARA MARSH MEDICAL TRANSCRIPTIONIST, INC.**

Principal Place of Business

**5920 WEST GRAND DUKE CIRCLE  
 TAMARAC FL 33321**

Mailing Address

**5920 WEST GRAND DUKE CIRCLE  
 TAMARAC FL 33321**

2. Principal Place of Business

**7307 SW 45th Place**

3. Mailing Address

**7307 SW 45th PL**

Suite, Apt. #, etc.

**B**

Suite, Apt. #, etc.

**B**

City & State

**Gainesville, FL**

City & State

**Gainesville, FL**

Zip

**32608**

Country

**USA**

Zip

**32608**

Country

**USA**

6. Name and Address of Current Registered Agent

**MARSH, LARA  
 5920 WEST GRAND DUKE CIRCLE  
 TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name  
**Marsh, Lara**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7307 SW 45th Place**  
**B**  
 City  
**Gainesville, FL** Zip Code  
**32608**

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 re-registering)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARSH, LARA</b> <b>5920 W GRAND DUKE CIRCLE</b> <b>TAMARAC FL 33321</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7307 SW 45th Place #B</b> <b>Gainesville, FL 32608</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Lara Marsh**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-01**

Date

**352-318-1708**

Daytime Phone #

CR2E034 (10/00)