## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # S66965

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90023 016 \*\*\*150.00

1. Corporation Name															
TRANSCRIPTION FOR PHYSICIANS, INC.															
							,								
Principal Place of Business Mailing Address															
10920 SW 125TH STREET 10920 SW 125TH STREET														•	
MIAMI FL 33176 MIAMI FL 33176											DO NOT WRITE IN THIS SPACE				
											3. Date Incorporated or Qualifed				
											07/18/1991				
2. Principal Pl	2a	2a. Mailing Address						4, FEI Number	Applied For						
21	26							65-0281667   Not Applicate   \$8.75 Additional			Applicable				
Suite, Apt.	#, etc.		<u> </u>	Suite, Apt. #, etc.						5. Certificate of Status Desired		<b>)./⊃</b> A Fee⊦Re			
22		27	City & State												
- City & State	8	28	<b>⊢</b> ¬ ´						6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
Zip	Zip Country					Zip Co					8. This corporation owes the current year Intangible				
24	25			29	¬ ' — .			. 1			Personal Property Tax.	fX		□No	
9. Name and Address of Current Registered Agent											10. Name and Address of New Register	ed Ager	t		
							81	Name		·					
RAFALOWSKI, JORIE K.								82	Street	Addres	ss (P.O. Box Number is Not Acceptable)				
10920 SW 125 ST															
MIAMI FL 33176								83							
								84	City			. 85	Zip C	ode	
								<u>L</u> .	Ĺ <u>´</u>			L "	<u>L</u>		
11. Pursuant office or re	to the provis	ions o	Sections 607.0 both, in the Sta	502 and ( te of Flori	607.1508, Fl ida. Such ch	e-named the corp	corpoi oration	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	oi chan pointmei	ging its it as reg	jistered				
agent. I a	m familiar w	ith, and	accept the obli	gations of	f, Section 60	07.0505, Flo	rida Stat	utes	•						
SIGNATURE				1 2 4		/NOT	F. Basistaras	l A	et alamatura	mourad i	when reinstating) DATE			}	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS								egistered Agent signature required			ADDITIONS/CHANGES TO OFFICERS	AND DI	RECTO	RS IN 12	
TITLE	D					DELETE	1.1 Π	TLE					Change	Addition	
NAME	RAFALOV	VSKI,	Jorie K.				1.2 N	AME		]					
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CITY-ST-ZIP	MIAMI FL	3317	6		<del></del>			1.4 CITY-ST-ZIP							
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NAME								2.2 NAME						1	
STREET ADORESS								2.3 STREET ADDRESS							
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STREET ADDRESS	}								T ADDRESS	1				j	
CITY-ST-ZIP							6.4 C	TY-S	T-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, with all other like empowered.

SIGNATURE:

OCIGINATION SIGNING OFFICER OR DIRECTOR

N3/21/99 3 05/259-9538 Date Dayume Phone #