FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74359 (8)

1. Corporation Name
G & I MEDICAL TRANSCRIBING SERVICES, INC.

Principal Place of Business	Mailing Address
2100 W. 76TH STREET SUITE 306 HIALEAH FL 33016-5500 US	2100 W. 76TH STREET SUITE 312 HIALEAH FL 33016-5500 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1991
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21: 8550 Dalkeith Ln
22 Suite, Apt. #, etc.:
23 City & State: Miami Lake, FL
24 Zip: 33014 25 Country: USA

2a. Mailing Address
26: 8550 Dalkeith LN
27 Suite, Apt. #, etc.:
28 City & State: Miami Lake, FL
29 Zip: 33014 30 Country: US

4. FEI Number: 65-0297326 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

LEVINE, DREW M
2001 NW 72ND ST #103
1221 BRICKELL AVENUE
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☒ Change ☐ Addition
NAME	CORDERO, ILIANA	12 NAME	
STREET ADDRESS	2100 W. 76TH STREET, SUITE 312	13 STREET ADDRESS	8550 Dalkeith Lane
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	CORDERO, GEORGINA	22 NAME	
STREET ADDRESS	11215 NW 59TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Iliana Cordero 4/28/95 305-556-8895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CF