

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

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90149 029 ***150.00

005/USA

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S88352

1. Corporation Name
GULF COAST MEDICAL TRANSCRIPTION, INC.



Principal Place of Business
 6519 SHAMROCK STREET
 PANAMA CITY FL 32404

Mailing Address
 6519 SHAMROCK STREET
 PANAMA CITY FL 32404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2001 NATALIE STREET**

2a. Mailing Address
 26 **PO BOX 16572**

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

City & State
 23 **PANAMA CITY, FL**

City & State
 28 **PANAMA CITY, FL**

Zip Country
 24 **32405** 25 **USA**

Zip Country
 29 **32406-6572** 30 **USA**

3. Date Incorporated or Qualified
10/21/1991

4. FEI Number
59-3093301

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
LOPEZ, NANCY
6519 SHAMROCK STREET
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name **LOPEZ, NANCY**

82 Street Address (P.O. Box Number is Not Acceptable)
2001 NATALIE STREET

83

84 City **PANAMA CITY** FL 85 Zip Code **32405**

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		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, NANCY	
STREET ADDRESS	6519 SHAMROCK ST.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, EDWIN J.	
STREET ADDRESS	6519 SHAMROCK ST.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	2001 NATALIE STREET		
1.4 CITY-ST-ZIP	PANAMA CITY, FL 32405		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	2001 NATALIE STREET		
2.4 CITY-ST-ZIP	PANAMA CITY, FL 32405		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-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: *Edwin J. Lopez* **EDWIN J. LOPEZ** **27 JAN 99** **1-850-747-3641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)