CR2E034 (9/01)

## 2002 Uniform Business Report (UBR)

SIGNATURE:

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## Apr 15, 2002 8:00 am Secretary of State S88352 DOCUMENT # 1. Entity Name GULF COAST MEDICAL TRANSCRIPTION, INC. 04-15-2002 90025 036 \*\*\*150.00 Principal Place of Business Mailing Address 2001 NATALIE STREET P.O. BOX-16572 PANAMA CITY FL 32405 PANAMA CITY FL 32408-6572 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3093301 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ...6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, NANCY Street Address (P.O. Box Number is Not Acceptable) 2001 NATALIE STREET PANAMA CITY FL 32405 City Zip Code 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition LOPEZ, NANCY NAME NAME GOODSON TONYA 327 N. MACARTHUR 2001 NATALIE STREET STREET ADDRESS STREET ADDRESS AVENUE PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition LOPEZ, EDWIN J. NAME NAME STREET ADDRESS 2001 NATALIE STREET STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-7IP TITLE-Delete -TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 11.3 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 frustee 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 within a godress, with all other fixe empowered.