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

PROFIT CORPORATION ANNUAL REPORT

Suite, Apt. #, etc.

NASCO, EDWARD A

295 WEST 62ND STREET

City & State

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

**FILED** 

1999

| 1000   |                                      |  |
|--|--------------------------------------|--|
| DOCUMENT # \$89  1. Corporation Name FLA. MEDICAL TRANSCRIPT |                                      |  |
| Principal Place of Business<br>295 WEST 62ND STREET          | Mailing Address 295 WEST 62ND STREET |  |
| HIALEAH FL 33012   | HIALEAH FL 33012                     |  |
| 2. Principal Place of Business                               | 2a. Mailing Address                  |  |

27

28

Suite, Apt. #, etc.

City & State

Country Zip
25 29

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Applied For

**M**No

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

10/22/1991 4. FEI Number

65-0293754

| HIALEAH FL 33012 |   | 83                          |                |                             |   | ,  |                   |                       |                 |
|------------------|---|-----------------------------|----------------|-----------------------------|---|--|-------------------|-----------------------|-----------------|
|                  |   |                             | 84             | City                        |   | FL   |                   | Zip Cod               |                 |
| office or re     | to the provisions of Sections 607.0502 and<br>egistered agent, or both, in the State of Flo<br>m familiar with, and accept the obligations of | rida. Such change was aut   | horized by     | the corpo                   | corporation submits this state<br>tration's board of directors. I | ment for the purpose of c<br>hereby accept the appoint | hanging<br>ment a | g its reg<br>s regist | istered<br>ered |
| SIGNATURE        | Signature, typed or printed name of registered agent and tilt   | le if applicable. (NOTE: F  | Registered Age | nt signatur <del>e</del> re | equired when reinstating)   | DATE   |                   |                       |                 |
| 12.              | OFFICERS AND DIF  |                             | . 13.          |                             | ADDITIONS/CHAN  | GES TO OFFICERS AND                                    | DIRE              |                       |                 |
| TITLE            | PD  | ☐ DELETE                    | 1.1 TITLE      |                             |   |  | Chai              | nge                   | ☐ Addition      |
| NAME             | NASCO, EDWARD A   |                             | 1.2 NAME       | 1                           |   |  |                   |                       |                 |
| STREET ADDRESS   | 295 WEST 62ND STREET  |                             | 1.3 STREE      | T ADDRESS                   |   |  |                   |                       |                 |
| CITY-ST-ZIP      | HIALEAH FL 33012  |                             | 1.4 CITY-S     | T-ZIP                       |   |  |                   | ·                     |                 |
| TITLE            | TM  | ☐ DELETE                    | 2.1 TITLE      |                             | <del>-</del> "  |  | Chai              | nge                   | Addition        |
| NAME             | NASCO, OLGA S   |                             | 2.2 NAME       |                             | i   |  |                   |                       | l               |
| STREET ADDRESS   | 295 WEST 62ND STREET  |                             | 2.3 STREE      | T ADORESS                   | 1   |  | -                 |                       |                 |
| CITY-ST-ZIP      | HIALEAH FL 33012  |                             | 2. 4 CITY-5    | ST-ZIP                      |   |  |                   |                       |                 |
| TITLE            |   | ☐ DELETE                    | 3.1 TITLE      |                             |   |  | Cha               | nge                   | ☐ Addition      |
| NAME             |   |                             | 3.2 NAME       | ĺ                           |   |  |                   |                       |                 |
| STREET ADDRESS   |   |                             | 3.3 STREE      | T ADDRESS                   |   |  |                   |                       |                 |
| CITY-ST-ZIP      |   |                             | 3.4. CITY-5    | ST-ZIP                      |   |  |                   |                       |                 |
| TITLE            |   | ☐ DELETE                    | 4.1 TITLE      |                             |   |  | Cha               | nge                   | ☐ Addition      |
| NAME             |   |                             | 4. 2 NAME      |                             |   | t  |                   |                       |                 |
| STREET ADDRESS   |   |                             | 4.3 STREE      | TADDRESS                    |   |  |                   |                       |                 |
| CITY-ST-ZIP      |   |                             | 4.4 CITY-S     | T-ZIP                       |   |  |                   |                       |                 |
| TITLE            |   | ☐ DELETE                    | 5.1 TITLE      | İ                           |   | •  | Cha               | nge                   | Addition        |
| NAME             |   |                             | 5.2 NAME       | ĺ                           |   |  |                   |                       | {               |
| STREET ADDRESS   |   |                             | 5.3 STREE      | TADDRESS                    |   |  |                   |                       |                 |
| CITY-ST-ZIP      |   |                             | 5.4 CITY-S     | T-ZIP                       |   | - <del></del> -  |                   |                       |                 |
| TITLE            |   | ☐ DELETE                    | 6.1 TITLE      |                             |   |  | Cha               | nge                   | Addition        |
| NAME             |   |                             | 6.2 NAME       |                             |   |  |                   |                       |                 |
| STREET ADDRESS   |   |                             | 6.3 STREE      | T ADDRESS                   |   |  |                   |                       |                 |
| CITY-ST-ZIP      |   |                             | 6.4 CITY-S     |                             |   |  |                   |                       |                 |
| 44 I hereby o    | ertify that the information supplied with this  | filing does not qualify for | he exempt      | ion stated                  | in Section 119 07(3)(i). Flor                                     | da Statutes. I further certi                           | fy that           | the info              | rmation         |

Country

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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

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

Davime Phone #

RZE034 (11/98)