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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 3:55

DOCUMENT # V39138 (5)

1. Corporation Name
SUN COAST MEDICAL TRANSCRIPTION INC.

Principal Place of Business	Mailing Address
403 S.E. 43RD TERRACE #A-7 CAPE CORAL FL 33904 US	403 S.E. 43RD TERRACE #A-7 CAPE CORAL FL 33904 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/26/1992
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business	2a. Mailing Address
21 4215 SE 4 PL	26 4215 SE 4 PL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CAPE CORAL, FL	28 City & State: CAPE CORAL, FL
24 Zip: 33904 25 Country: USA	29 Zip: 33904 30 Country: USA

4. FEI Number: 65-0331207 ☐ 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

MCGUIRE, NELL
~~4215 SE 4 PL~~
~~CAPE CORAL FL 33904~~
(CORRECT)

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box ... 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	D	1.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	MCGUIRE, NELL	1.2 NAME	BETH M. BRADMAN
STREET ADDRESS	~~4215 SE 4 PL~~	1.3 STREET ADDRESS	4215 SE 4 PL
CITY-ST-ZIP	~~CAPE CORAL FL~~ (CORRECT)	1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, PHILIP	2.2 NAME	
STREET ADDRESS	~~4215 SE 4 PL~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~CAPE CORAL FL~~ (CORRECT)	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Nell McGuire Nell McGuire 1/17/95 813-542-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0440703 FP