


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
 Apr 08, 2004 08:00 AM  
 Secretary of State

**DOCUMENT # K93075**

1. Entity Name  
 THOMAS TRANSCRIPTION SERVICE, INC.



Principal Place of Business      Mailing Address

550 BALMORAL CIRCLE      P O BOX 26613  
 STE 305      P.O. BOX 26613  
 JACKSONVILLE, FL 32218 US      JACKSONVILLE, FL 32226 US



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2953708      Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, N. DIANE  
 2538 GAYLAND ROAD  
 JACKSONVILLE, FL 32218

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *N Diane Thomas*      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
~~After May 1, 2004 Fee will be \$550.00.~~

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	THOMAS, N. DIANE
STREET ADDRESS	2538 GAYLAND ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	T
NAME	THOMAS, N. DIANE
STREET ADDRESS	2538 GAYLAND ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000106242  
 04/08/04-80007-021 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *N Diane Thomas*      Date: 04-07-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR