


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90254 005 ***150.00

DOCUMENT # P00000052558
 1. Entity Name
EXCEL MEDICAL TRANSCRIPTION, INC.



Principal Place of Business Mailing Address
870 97TH AVENUE NORTH **870 97TH AVE N**
NAPLES FL 34108 **NAPLES FL 34108**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number Applied For
59-3649439 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
FRANK, ANN T
2124 AIRPORT RD S, SUITE 102
NAPLES FL 34112

7. Name and Address of New Registered Agent
 Name **Angela DeLaurentis**
 Street Address (P.O. Box Number is Not Acceptable)
870 97th Avenue N.
 City **Naples, Florida** **FL** Zip Code **34108**

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.
Angela DeLaurentis
 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
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

Angela DeLaurentis

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOVE, JACQUELINE	<input checked="" type="checkbox"/>
STREET ADDRESS	10111 WINTERVIEW DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARFLE, JANICE	<input checked="" type="checkbox"/>
STREET ADDRESS	824 102ND AVE N	
CITY-ST-ZIP	NAPLES FL 34108	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN JUAN, MILAGROS A.	
STREET ADDRESS	ATC BLDG., KATIPUNAN ROAD., ST. IGNATIUS	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN JUAN, PRECIOSO JR. A.	
STREET ADDRESS	720 SAN JUAN ST., BGY SAN JUAN	
CITY-ST-ZIP	CAINTA, RIZAL, PHILIPPINES	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN JUAN, JOSE ERWIN A.	
STREET ADDRESS	720 SAN JUAN ST., BGY SAN JUAN	
CITY-ST-ZIP	CAINTA, RIZAL, PHILIPPINES	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN JUAN, JAMES A.	
STREET ADDRESS	720 SAN JUAN ST., BGY SAN JUAN	
CITY-ST-ZIP	CAINTA, RIZAL, PHILIPPINES	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN JUAN, JASON A.	
STREET ADDRESS	720 SAN JUAN ST., BGY SAN JUAN	
CITY-ST-ZIP	CAINTA, RIZAL, PHILIPPINES	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CASTRO, ERNESTO S.	
STREET ADDRESS	ATC BLDG., KATIPUNAN ROAD, ST. IGNATIUS	
CITY-ST-ZIP	QUEZON CITY, PHILIPPINES	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Milagros A. San Juan* February 24, 2006 (001) 632-912-7652
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #