


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90073 040 ***150.00

DOCUMENT # P0000052558

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 - No P.O. Box # 3. Mailing Address
866 97TH AVE NO. **866 97TH AVE NO.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES FL **NAPLES, FL**

Zip Country Zip Country
34108 **USA** **34108** **USA**



02012007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3649439 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FRANK, ANN T
2124 AIRPORT RD S, SUITE 102
NAPLES, FL 34112

Name
ANGELA DeLAURENTIS

Street Address (P.O. Box Number is Not Acceptable)
866 97TH AVE NO.

City State Zip Code
NAPLES **FL** **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.

SIGNATURE Angela De Laurentis DATE 2-1-07

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAN JUAN, MILAGROS A ATC BLDG, KATIPUNAN RD ST. IGNATIUS, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAN JUAN, PRECIOSO A JR 720 SAN JUAN ST, BGY SAN JUAN CAINTA, RIZAL, PHILIPPINES, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAN JUAN, JOSE ERWIN A 720 SAN JUAN ST, BGY SAN JUAN CAINTA, RIZAL, PHILIPPINES, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAN JUAN, JAMES A 720 SAN JUAN ST, BGY SAN JUAN CAINTA, RIZAL, PHILIPPINES, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAN JUAN, JASON A 720 SAN JUAN ST, BGY SAN JUAN CAINTA, RIZAL, PHILIPPINES, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECASTRO, ERNESTO S ATC BLDG, KATIPUNAN RD, ST IGNATIUS QUEZON CITY, PHILIPPINES, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 DATE 2-1-07 DAYTIME PHONE # 001-632-912-7652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #