

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052558

FILED
Jan 17, 2008
Secretary of State

Entity Name: EXCEL MEDICAL TRANSCRIPTION, INC.

Current Principal Place of Business:

866 97TH AVE. N.
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

866 97TH AVE. N.
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3649439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELAURENTIS, ANGELA
866 97TH AVE. N.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAN JUAN, MILAGROS A
Address: ATC BLDG, KATIPUNAN RD
City-St-Zip: ST. IGNATIUS,

Title: D () Delete
Name: SAN JUAN, PRECIOSO A JR
Address: 720 SAN JUAN ST, BGY SAN JUAN
City-St-Zip: CAINTA, RIZAL, PHILIPPINES,

Title: D () Delete
Name: SAN JUAN, JOSE ERWIN A
Address: 720 SAN JUAN ST, BGY SAN JUAN
City-St-Zip: CAINTA, RIZAL, PHILIPPINES,

Title: D () Delete
Name: SAN JUAN, JAMES A
Address: 720 SAN JUAN ST, BGY SAN JUAN
City-St-Zip: CAINTA, RIZAL, PHILIPPINES,

Title: D () Delete
Name: SAN JUAN, JASON A
Address: 720 SAN JUAN ST, BGY SAN JUAN
City-St-Zip: CAINTA, RIZAL, PHILIPPINES,

Title: D () Delete
Name: DECASTRO, ERNESTO S
Address: ATC BLDG, KATIPUNAN RD, ST IGNATIUS
City-St-Zip: QUEZON CITY, PHILIPPINES,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAN JUAN, MILAGROS A
Address: 866 97TH AVE N
City-St-Zip: NAPLES, FL 34108 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILAGROS SAN JUAN

P

01/17/2008

Electronic Signature of Signing Officer or Director

_____ Date