

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000087536

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** P.R.N. MEDICAL TRANSCRIPTION SERVICE, INC.

**Current Principal Place of Business:**

4510 SE 1ST AVENUE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

4510 SE 1ST AVENUE  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 43-1978954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FITZPATRICK, SUSAN J  
4510 SE 1ST AVENUE  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

FITZPATRICK, SUSAN J COOWNER  
4510 SE 1ST AVENUE  
CAPE CORAL, FL 33904 US

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: MARK FITZPATRICK

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: FITZPATRICK, MARK G COOWNER  
Address: 4510 SE 1ST AVENUE  
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby 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 all other like empowered.

SIGNATURE: MARK FITZPATRICK

VP

01/06/2011

Electronic Signature of Signing Officer or Director

Date