2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P10000049800

Entity Name: GRACE MEDICAL TRANSCRIPTION, INC.

Current Principal Place of Business:

44142 WILLOW LANE
SUITE B
CALLAHAN, FL, 320119347 US

New Principal Place of Business:

44142 WILLOW LANE
SUITE B
CALLAHAN, FL 320119347 US

Current Mailing Address:

44142 WILLOW LANE
SUITE B
CALLAHAN, FL, 320119347 US

New Mailing Address:

44142 WILLOW LANE
SUITE B
CALLAHAN, FL 320119347 US

FEI Number: 27-2828182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPA, PAMELA J
44142 WILLOW LANE
SUITE A
CALLAHAN, FL 320119347 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

OFFICERS AND DIRECTORS:

Title: DPST
Name: POPA, PAMELA J
Address: 44142 WILLOW LANE
City-St-Zip: CALLAHAN, FL 320119347 US

Title: DVP
Name: POPA, THOMAS J
Address: 44142 WILLOW LANE
City-St-Zip: CALLAHAN, FL 320119347 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: PAMELA J. POPA DPST 04/18/2011

Electronic Signature of Signing Officer or Director — Date