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: N. DIANE THOMAS-LOCKLEY	

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K93075

Entity Name: THOMAS TRANSCRIPTION SERVICE, INC.

Current Principal Place of Business:

2538 GAYLAND ROAD JACKSONVILLE, FL 32218

Current Mailing Address:

P O BOX 26613 P.O. BOX 26613 JACKSONVILLE, FL 32226 US

FEI Number: 59-2953708

Name and Address of Current Registered Agent:

THOMAS-LOCKLEY, N. DIANE 2538 GAYLAND ROAD JACKSONVILLE, FL 32218 US

Certificate of Status Desired: No

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:

Date Electronic Signature of Registered Agent **Officer/Director Detail :** DPS Title Т Title Name THOMAS-LOCKLEY, DIANE Name THOMAS-LOCKLEY, DIANE 2538 GAYLAND ROAD Address Address 2538 GAYLAND ROAD City-State-Zip: JACKSONVILLE FL City-State-Zip: JACKSONVILLE FL

07/21/2020

FILED Jul 21, 2020 Secretary of State 2015248413CC

Date

PRES/CEO