

2022 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| Title | DPS | Title | T |
| Name | THOMAS-LOCKLEY, DIANE | Name | THOMAS-LOCKLEY, DIANE |
| Address | 2538 GAYLAND ROAD | Address | 2538 GAYLAND ROAD |
| City-State-Zip: | JACKSONVILLE FL | City-State-Zip: | JACKSONVILLE FL |

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: DIANE THOMAS-LOCKLEY

PRESIDENT

03/03/2022

Electronic Signature of Signing Officer/Director Detail

Date