

**2017 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  
Name           THOMAS-LOCKLEY, DIANE  
Address        2538 GAYLAND ROAD  
City-State-Zip: JACKSONVILLE FL

Title           T  
Name           THOMAS-LOCKLEY, DIANE  
Address        2538 GAYLAND ROAD  
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**

**PRES/CEO**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date