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

SIGNATURE: DIANE	THOMAS-LOCKLEY

Electronic Signature of Signing Officer/Director Detail

#### 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

above, or on an attachment with all other like empowered.

City-State-Zip: JACKSONVILLE FL

PRES/CEO

03/06/2023

FILED Mar 06, 2023 Secretary of State 9136648592CC

Date