2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2011
Secretary of State

DOCUMENT# F09000004778

Entity Name: NEW ENGLAND MEDICAL TRANSCRIPTION, INC.

Current Principal Place of Business:

375 GEORGE WRIGHT RD.
WOOLWICH, ME 04579

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 430
WOOLWICH, ME 04579

New Mailing Address:

FEI Number: 01-0516314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: PST
Name: SULLIVAN, LINDA
Address: P. O. BOX 430
City-St-Zip: WOOLWICH, ME 04579

Title: V
Name: SULLIVAN, RICHARD M
Address: P. O. BOX 430
City-St-Zip: WOOLWICH, ME 04579

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: LINDA M. SULLIVAN PRES 03/31/2011

Electronic Signature of Signing Officer or Director Date