

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F79213

1. Entity Name
MEDICAL TRANSCRIPTION ASSOCIATES, INC.



**FILED
Jan 23, 2004 8:00 am
Secretary of State**

01-23-2004 90026 029 ***150.00

54000295



01182004 Chg-P CR2E034 (10/03)

Principal Place of Business		Mailing Address	
5048 CHARDONNAY DR CORAL SPRINGS, FL 33067		5048 CHARDONNAY DR CORAL SPRINGS, FL 33067	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2188437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FILORAMO, ROBERT G 5048 CHARDONNAY DR CORAL SPRINGS, FL 33067		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
FL			

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable.)
(NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	
CITY-ST-ZIP	2731 NW 87TH AVE 5048 CHARDONNAY DR	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	2731 NW 87TH AVE 5048 CHARDONNAY DR	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP	
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CITY-ST-ZIP		STREET ADDRESS	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	
CITY-ST-ZIP		STREET ADDRESS	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol Filoramo /s/ CAROL FILORAMO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04 954-755-5168
Date Daytime Phone #