


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90030 037 ***150.00

DOCUMENT # F91539					
1. Entity Name QUICK QUALITY MEDICAL TRANSCRIBING, INC.					
Principal Place of Business 10145 SW 69 ST OCALA, FL 34476 US		Mailing Address 10145 SW 69 ST OCALA, FL 34476 US			
2. Principal Place of Business 10145 SW 69 COURT Suite, Apt. #, etc.		3. Mailing Address 10145 SW 69 COURT Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2213507 Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZELL MOIRA 10145 S.W. 69 COURT OCALA, FL 34476			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ZELL, MOIRA 10145 S.W. 69 COURT OCALA, FL 34476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Maria Zell</i>		Date: 4/06/04		Daytime Phone #: 352 237 5001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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