2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F91539 1. Entity Name QUICK QUALITY MEDICAL TRANSCRIBING, INC.					04-07-2004 90030 037 ***150.00					
QUICK Q	UALITY MEDICAL 1	RANSCRIB	ING, INC.			/				
Principal Place	e of Business	Ма	ailing Address							
			10145 SW 69 ST				n	Anar	014	
OCALA, FL 34476 US			OCALA, FL 34476 US			94046914				
2. Principal P	lace of Business	3. 1	Mailing Address							
			0/45 5W Suite, Apt. #, etc.	69	COURT					
Suite, Apt. #, etc.			Suite, Apr. #, etc.			04012004	Chg-P	CR2E	034 (10/03)	·
City & State		(City & State			4. FEI Number 59-2213				plied For t Applicable
Zip	Country	Country Zip Cou		Count	try	5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of	of Current Regist	tered Agent			7. Name and	Address of New R	egistered	Agent	
ZELL MOU	PA .				Name -		• •			•
ZELL MOIRA 10145 S.W. 69 COURT OCALA, FL 34476				Street Address (P.O. Box Number is Not Acceptable)						
•					· · · · · · · · · · · · · · · · · · ·					
					City	FL Zip Code				
8. The above the obligat	named entity submits this st tions of registered agent.	tatement for the p	ourpose of changing its	registere	ed office or regist	tered agent, or both	, in the State of Flo	rida. I am	familiar with,	and accept
	•									
SIGNATURE_	Signature, typed or printed name of re-	gistered agent and title i	fapplicable. (NOT	E: Registered	d Agent signature requi	ired when reinstating)		DATE		
FiL	Signature, typed or printed name of rep E NOWILL FEE IS \$15 ay 1, 2004 Fee Will b	50.00	9. Election Campa Trust Fund Cont	ign Finan	ncing \$	5.00 May Be dded to Fees	7.0	DATE	" १ , ७४०,,७. .स. १ , ५ ,	2 - 2,00
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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: