
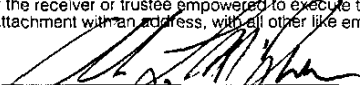


2005 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | | | | |
|---|--|---------|--|--|--|-------------------------------------|--|------------------|
| DOCUMENT # F99000002987 1. Entity Name SPHERIS OPERATIONS INC. | | | |  | | FILED 05 JUL 25 PM 12:43 | | |
| Principal Place of Business 720 COOL SPRINGS BLVD. SUITE 200 FRANKLIN, TN 37067 | | | | Mailing Address 720 COOL SPRINGS BLVD. SUITE 200 FRANKLIN, TN 37067 | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | | |
| City & State | | | | City & State | | | | |
| Zip | | Country | | Zip | | Country | | |
| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 | | | | 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 \$550.00 Due by September 7, 2005 | | | | 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 | CEOD SIMPSON, STEVE <input type="checkbox"/> Delete 720 COOL SPRINGS BLVD, #200 FRANKLIN, TN 37067 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Asst. Secy. Andrew L. McQueen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 720 Cool Springs Blvd., Suite 200 Franklin, TN 37067 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO JAMES, ANTHONY <input type="checkbox"/> Delete 720 COOL SPRINGS BLVD, #200 FRANKLIN, TN 37067 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"> 600058477636 08/11/05--01033--001 **\$550.00 </div> | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOS STEVENS, GREG <input type="checkbox"/> Delete 720 COOL SPRINGS BLVD STE 200 FRANKLIN, TN 37067 | | | 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 | | | |
| 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 | | | |
| 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:  | | | | Andrew L. McQueen Asst. Secy. | | | | 7-22-2005 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | | Daytime Phone # 615-261-1500 | | |