2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G56991

Entity Name: ELITE MEDICAL TRANSCRIBING, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
23250 NE HWY 314 SALT SPRINGS, FL 32134	

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 5190 SALT SPRINGS, FL 32134	

FEI Number: 59-2352750   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MOTT, MARTIN 23250 NE HWY 314 SALT SPRINGS, FL 32134 US	

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DV ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MOTT, MARTIN	Name:	
Address:	23250 NE HWY 314	Address:	
City-St-Zip:	SALT SPRINGS, FL 32134	City-St-Zip:	

Title:	PD ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MOTT, SHERYL K	Name:	
Address:	23250 NE HWY 314	Address:	
City-St-Zip:	SALT SPRINGS, FL 32134	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARTIN MOTT   VP   02/13/2009

Electronic Signature of Signing Officer or Director   Date