


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90007 015 \*\*\*150.00

<b>DOCUMENT # H48358</b> 1. Entity Name <b>DYNAMIC MEDICAL TRANSCRIPTION, INC.</b>					
Principal Place of Business 1013 BELLE FLOWER DR PORT ORANGE, FL 32127			Mailing Address 1013 BELLE FLOWER DR PORT ORANGE, FL 32127		
2. Principal Place of Business <b>6407 TAUNTON ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>6407 TAUNTON ROAD</b> Suite, Apt. #, etc.			
City & State <b>HARRISBURG, PA</b> Zip <b>17111-4884</b>		City & State <b>HARRISBURG, PA</b> Zip <b>17111-4884</b>		Country <b>USA</b>	
4. FEI Number <b>59-2470185</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>PALMER, CAROL A.</b> <b>1013 BELLE FLOWER DR</b> <b>PORT ORANGE, FL 32127</b>			7. Name and Address of New Registered Agent Name <b>Megan Palmer</b> Street Address (P.O. Box Number is Not Acceptable) <b>4250 CORTONA COVE, #102</b> City <b>Oviedo</b> <b>FL</b> Zip Code <b>32765-6351</b>		
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 <u>Megan Palmer</u> <b>Megan Palmer vs</b> <b>8/15/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>PALMER, CAROL A.</b> <input type="checkbox"/> Delete <b>149 VISCAJA AVENUE</b> <b>ROYAL PALM BEACH, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>CAROL PALMER CROFT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6407 TAUNTON ROAD</b> <b>HARRISBURG, PA 17111-4884</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PALMER, JULIE</b> <input checked="" type="checkbox"/> Delete <b>1013 BELLE FLOWER DR.</b> <b>PORT ORANGE, FL 32127</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>Megan Palmer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4250 CORTONA COVE</b> <b>Oviedo, FL 32765-6351</b>	
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	
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.					
<b>SIGNATURE: <u>Carol Palmer Croft</u> <b>CAROL PALMER CROFT</b> <b>8/15/04</b> <b>717-545-1319</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

24080486



08102004 Chg-P CR2E034 (10/03)

Department of Health • Vital Statistics  
STATE OF FLORIDA  
MARRIAGE RECORD  
TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

Attachment

#H48358

24082003

(STATE FILE NUMBER)

12/08/2003 12:44 PM  
Instrument# 2003-309062

Book: 5221

Page: 266

Diane M. Matousek  
Volusia County, Clerk of Court

2003-0001906 C1

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) HARRY LOUIS CROFT JR.			2. DATE OF BIRTH (Month, Day, Year) 5/2/1950		
3a. RESIDENCE - CITY, TOWN, OR LOCATION HARRISBURG		3b. COUNTY DAUPHIN		3c. STATE PA	
5a. BRIDE'S NAME (First, Middle, Last) CAROL ANN PALMER			5b. MAIDEN SURNAME (If different) PETERSON		
7a. RESIDENCE - CITY, TOWN, OR LOCATION PORT ORANGE		7b. COUNTY VOLUSIA		7c. STATE FL	
6. DATE OF BIRTH (Month, Day, Year) 11/16/1952			8. BIRTHPLACE (State or Foreign Country) NY		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Harry Louis Croft Jr.</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/31/2003	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Barbara S. Mandura</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Carol Ann Palmer</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/31/2003	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Barbara S. Mandura</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE VOLUSIA	18. DATE LICENSE ISSUED 10/31/2003	18a. DATE LICENSE EFFECTIVE 11/3/2003	19. EXPIRATION DATE 12/30/2003
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Diane M. Matousek</i>		20b. TITLE CLERK OF COURTS	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 11/29/2003		22. CITY, TOWN, OR LOCATION OF MARRIAGE DAYTONA BEACH, FL	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Marjorie O'Connell</i>		23b. ADDRESS (Of person performing ceremony) 240 CAS PALMAS ST. ROYAL PALM BEACH, FL	
24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Monica P...</i>		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Scott C...</i>	

SEAL

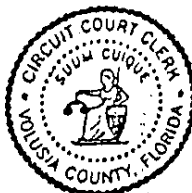


Marjorie A. O'Connell  
My Commission # 00213826  
Expires July 19, 2007

NOTARY PUBLIC

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

"THIS SECTION IS CONFIDENTIAL PER F.S. 741.04"



STATE OF FLORIDA, VOLUSIA COUNTY  
HEREBY CERTIFY the foregoing is a true copy  
of the original filed in this office. This

8 day of Dec 2003  
Clerk of Circuit and County Court  
By *Pat Matousek*  
Deputy Clerk