

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48358

FILED  
Jan 10, 2009  
Secretary of State

Entity Name: DYNAMIC MEDICAL TRANSCRIPTION, INC.

**Current Principal Place of Business:**

6407 TAUNTON RD  
HARRISBURG, PA 171114884

**New Principal Place of Business:**

**Current Mailing Address:**

6407 TAUNTON RD  
HARRISBURG, PA 171114884

**New Mailing Address:**

FEI Number: 59-2470185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARRON, HOPE  
12788 W. FOREST HILL BLVD  
#1003  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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:**

Title: PT ( ) Delete  
Name: PALMER-CROFT, CAROL  
Address: 6407 TAUNTON RD  
City-St-Zip: HARRISBURG, PA 171114884

Title: VS ( ) Delete  
Name: PALMER, MEGAN  
Address: 3036 FOXHILL CIRCLE, APT 202  
City-St-Zip: APOPKA, FL 32703 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CAROL PALMER CROFT

PT

01/10/2009

Electronic Signature of Signing Officer or Director

Date