


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J62476**  
 1. Entity Name  
 QUALITY MEDICAL TRANSCRIPTIONS, INC.



Principal Place of Business 10770 SW 102ND AVE MIAMI, FL 33176 US	Mailing Address 10770 SW 102ND AVE MIAMI, FL 33176 US
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01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2788555	Applied For 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  
 GARCIA, KATHY  
 10770 SW 102 AVE  
 MIAMI, FL 33176

**DO NOT WRITE IN THIS SPACE**

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 \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, KATHERINE 10770 SW 102ND AVE MIAMI, FL
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 02/08/08-80018-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Katherine A Garcia, Pres. 1/26/08 305/274-8911  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #