

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025751

Entity Name: FMC TRANSCRIPTION, LLC

FILED
Mar 24, 2005
Secretary of State

Current Principal Place of Business:

38135 MARKET SQUARE
ZEPHYRHILLS, FL 333540

New Principal Place of Business:

38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542

Current Mailing Address:

38135 MARKET SQUARE
ZEPHYRHILLS, FL 333540

New Mailing Address:

38135 MARKET SQUARE
ZEPHYRHILLS, FL 33542

FEI Number: 20-0943557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DELATORRE, JOE
Address: 38135 MARKET SQUARE
City-St-Zip: ZEPHYRHILLS, FL 333540

Title: MGR () Delete
Name: CUFFE, COLLEEN
Address: 38135 MARKET SQUARE
City-St-Zip: ZEPHYRHILLS, FL 333540

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DELATORRE, JOE
Address: 38135 MARKET SQUARE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: MGR (X) Change () Addition
Name: CUFFE, COLLEEN
Address: 38135 MARKET SQUARE
City-St-Zip: ZEPHYRHILLS, FL 33542

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOE DELATORRE

MGR

03/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date