

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000059635

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** ORLANDO TRANSCRIPTION SERVICES LLC

**Current Principal Place of Business:**

450 W CENTRAL PARKWAY  
SUITE 2000  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

450 W CENTRAL PARKWAY  
SUITE 2000  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 26-2816880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VAKILI, BABAK  
450 W CENTRAL PARKWAY  
SUITE 2000  
ALTAMONTE SPRINGS, FL 32714 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/MANAGERS:**

**Title:** MGR  
**Name:** VAKILI, BABAK  
**Address:** 5335 FAWN WOODS COURT  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** MGR  
**Name:** PARIKH, AMISH  
**Address:** 7919 COURTTLEIGH DRIVE  
**City-St-Zip:** ORLANDO, FL 32835 US

**Title:** MGR  
**Name:** RANADIVE, NANDKISHORE  
**Address:** 9213 BENTLEY CIRCLE  
**City-St-Zip:** ORLANDO, FL 32819 US

I hereby 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:** BABAK ALEX VAKILI, MD

**PRES**

**04/12/2010**

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