

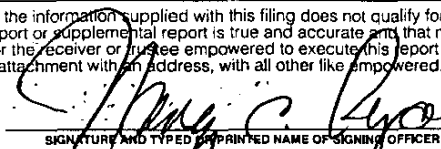


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90079 030 \*\*\*150.00

<b>DOCUMENT # P00000004438</b> 1. Entity Name <b>M &amp; R MEDICAL TRANSCRIPTION SERVICE, INC.</b>					
Principal Place of Business <b>12611 CATAMARAN PLACE TAMPA, FL 33624</b>			Mailing Address <b>12611 CATAMARAN PLACE TAMPA, FL 33624</b>		
2. Principal Place of Business <b>1909 FALLING STAR LANE</b>		3. Mailing Address <b>1909 FALLING STAR LANE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03312005 Chg-P CR2E034 (10/03)	
City & State <b>LOTZ, FL</b>		City & State <b>LOTZ, FL</b>		4. FEI Number <b>59-3618865</b>	
Zip <b>33549</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RYAN, NANCY C 12611 CATAMARAN PLACE TAMPA, FL 33624</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1909 FALLING STAR LANE</b> City <b>LOTZ</b> <b>FL</b> Zip Code <b>33549</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<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>P RYAN, NANCY C 12611 CATAMARAN PLACE TAMPA, FL 33624</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1909 FALLING STAR LANE LOTZ, FL 33549</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MIHALIK, SANDRA 18 E MARCO BAY DRIVE OLDSMAR, FL 34677</b> <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	
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:</b> 			<b>NANCY C. RYAN</b> 3-31-05 Date Daytime Phone # <b>813-949-1535</b>		