2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT					Secretary of State			
DOCUMENT # P0000004438					04-04-2005 90079 030 ***150.00			
1. Entity Name M & R ME	DICAL TRANSCRIPTION S							
Principal Place of Business Mailing Address		-			30030			
12611 CATAMARAN PLACE TAMPA, FL 33624		12611 CATAMARAN PLACE TAMPA, FL 33624						
2 Principal Pl	ace of Business	3. Mailing Address _						
1909 FALLING STARLANE 1909 P				65 PARLA		ILII va iil ili ili i	IL an Giolo Diabi (11)	11
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312005	Chg-P	CR2E	034 (10/03)	
City & State TZ F		City State LUTZ, FZ		4. FEI Numb 59-361			<u> </u>	plied For t Applicable
^z i3339	549 Country S A	zin33549	Country	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
RYAN, NANCY C 12611 CATAMARAN PLACE			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33624			190	9 FALL	1NG 5	DAR	LAN	E
· · · · · · · · · · · · · · · · · · ·			City	UTZ	<u> </u>	F	Zip Code	549
	named entity submits this statement for ons of registered agent.	the purpose of changing its reg	gistered office or re	egistered agent, or be	oth, in the State of F	lorida. I an	n familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signatura, typed or printed harne or registered agent a	pro use i apparable.	Matarec vilatit zifilivrola	reduced when tamatamid)	T	DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS	CHANGES TO OF	FICERS AN	ID DIRECTORS	3 IN 11
TITLE	Р	☐ Delete	TITLE				Change	☐ Addition
NAME	RYAN, NANCY C		NAME	.0.0 6	·	<i>~</i>		سو. و . ه
STREET ADORESS	12611 CATHMARAN PLACE		STREET ADDRESS CITY-SI-ZIP	1909	ALLING	27f	RICE	NG
CITY-ST-ZIP	TAMPA, FL 33624	□ Delete	TITLE	CUTE,	FU	<u> </u>		☐ Addition
TITLE NAME	MIHALIK, SANDRA	C Delete	NAME			•	C change	Addition
STREET ADDRESS	18 E MARCO BAY DRIVE		STREET ADDRESS					
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS -CITY-ST-ZIP		, 	STREET ADDRESS				- سبد سد، د	
-MIT-SI-ZIF-C		☐ Delete	TITLE	<u> </u>			☐ Change	☐ Addition
NAME		FT Delete	NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE				Change	Addition
NAME.			NAME					
STREET ADDRESS			STREET ADDRESS					

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 seceiver or trustee empowered to execute his leport 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:

TURE AND TYPED SAPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANGIC RYAN 3-3

Daviline Phone * 13-949-153c-