

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039237

FILED
May 01, 2006
Secretary of State

Entity Name: ELECTRONIC MEDICAL TRANSCRIPTION SERVICES CORP.

Current Principal Place of Business:

2836 N UNIVERSITY DR.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2836 N UNIVERSITY DR.
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 31-1709921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONKLIN, RANDY
5574 NW 66TH AVENUE
CORAL SPRINGS, FL 33067 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CONKLIN, RANDY
Address: 5574 NW 66TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V () Delete
Name: MARCUS, STEVE
Address: 2750 INVERNESS ROAD
City-St-Zip: SHAKER HEIGHTS, OH 41222

Title: S () Delete
Name: GEIS, CLARENCE
Address: 121 MONTEREY POINT DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 34418

Title: V () Delete
Name: HUSER, KEVIN
Address: 2885 COURTLAND BLVD
City-St-Zip: SHAKER HEIGHTS, OH 44122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CONKLIN, RANDY
Address: 5574 NW 66TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D (X) Change () Addition
Name: MARCUS, STEVE
Address: 2750 INVERNESS ROAD
City-St-Zip: SHAKER HEIGHTS, OH 41222

Title: SD (X) Change () Addition
Name: GEIS, CLARENCE
Address: 121 MONTEREY POINT DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 34418

Title: VPD (X) Change () Addition
Name: HUSER, KEVIN
Address: 2885 COURTLAND BLVD
City-St-Zip: SHAKER HEIGHTS, OH 44122

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY CONKLIN

DPT

05/01/2006

Electronic Signature of Signing Officer or Director

Date