

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039237

FILED  
Apr 08, 2009  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

PST

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date