# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2011**
**Secretary of State**

DOCUMENT# P00000051808

**Entity Name:** PRECISE MEDICAL TRANSCRIPTION, INC.

**Current Principal Place of Business:**

5830 MONTANA AVE
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

8910 BARN OWL CT.
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

5830 MONTANA AVE
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

8910 BARN OWL CT.
NEW PORT RICHEY, FL 34654

**FEI Number: 59-3651215** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCCARTHY, THOMAS L
5830 MONTANA AVE.
NEW PORT RICHEY, FL 34652 US

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

MCCARTHY, THOMAS L
8910 BARN OWL CT.
NEW PORT RICHEY, FL 34654 US

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: _____ 04/06/2011
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D
Name: MCCARTHY, THOMAS L
Address: 8910 BARN OWL CT.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SEC
Name: MCCARTHY, MARLENE A
Address: 8910 BARN OWL CR.
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby 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 all other like empowered.

SIGNATURE: THOMAS L. MCCARTHY PRES 04/06/2011
Electronic Signature of Signing Officer or Director — Date