

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083702

FILED
Apr 30, 2007
Secretary of State

Entity Name: AXIOM MEDICAL TRANSCRIPTION ,INC.

Current Principal Place of Business:

1604 TRENT STREET
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

6304 CABELL COURT
DAYTON, OH 45424

Current Mailing Address:

1604 TRENT STREET
FORT WALTON BEACH, FL 32547

New Mailing Address:

6304 CABELL COURT
DAYTON, OH 45424

FEI Number: 59-3754243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS, TONYA J
1604 TRENT ST.
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

BASS, TONYA J
6304 CABELL COURT
DAYTON, FL 45424 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: TONYA J. BASS

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BASS, TONYA J
Address: 1604 TRENT STREET
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BASS, TONYA J
Address: 6304 CABELL COURT
City-St-Zip: DAYTON, OH 45424

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: TONYA J. BASS

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date