

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 04, 2011
Secretary of State

Entity Name: AXIOM MEDICAL TRANSCRIPTION ,INC.

Current Principal Place of Business:

4242 KNOLLPOINT DR.
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

4242 KNOLLPOINT DR.
WESLEY CHAPEL, FL 33544

New Mailing Address:

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 DP
4242 KNOLLPOINT DR
WESLEY CHAPEL, FL 33544 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

OFFICERS AND DIRECTORS:

Title: DP
Name: BASS, TONYA J
Address: 4242 KNOLLPOINT DR
City-St-Zip: WESLEY CHAPEL, FL 33544

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: TONYA J BASS

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date