

FILED
Apr 30, 2005, 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000084304 1. Entity Name PERSONAL TOUCH MEDICAL TRANSCRIPTION, INC.	
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Principal Place of Business 2701 LAKEVILLE DR. TAMPA, FL 32618	Mailing Address 2701 LAKEVILLE DR. TAMPA, FL 32618
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3743343	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZAMBITO, JANET 2701 LAKEVILLE DR. TAMPA, FL 32618	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	NAME ZAMBITO, JANET
STREET ADDRESS 2701 LAKEVILLE DR.	CITY-ST-ZIP TAMPA, FL 32618
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet Zambito* SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR **4/28/05** 813-264-0261