## 2007 FOR PROFIT CORPORATION

## May 09, 2007 8:00 am Secretary of State ANNUAL REPORT 05-09-2007 90102 014 \*\*\*150.00 **DOCUMENT # P01000084304** PERSONAL TOUCH MEDICAL TRANSCRIPTION, INC. Principal Place of Business Mailing Address 40109237 2701 LAKEVILLE DR. 2701 LAKEVILLE DR. TAMPA, FL 32618-TAMPA, FL 32618-33618 33618 No Cho-P CR2E034 (11/05) 04232007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3743343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZAMBITO, JANET DO NOT WRITE 2701 LAKEVILLE DR. TAMPA, FL 32618 IN THIS SPACE 33618 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 tide if applicable (NOTE: Registered Agent algressive required when reinstating) 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. . After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ZAMBITO, JANET STREET ADDRESS 2701 LAKEVILLE DR. CITY-ST-ZIP TAMPA, FL 32618 TITLE MALE STREET ADDRESS CITY-ST-70 el also sur a report without a DO NOT WRITE Check by accident. IN THIS SPACE Sorry for any confusion! NAME STREET ADDRESS CITY-ST-ZIP TITLE NUME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the occupant 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:

NULE STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

813-264-0201

**FILED**