2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P02000065552

Entity Name: MEDSCRIBE TRANSCRIPTION, INC.

Current Principal Place of Business:

8740 NW 40 STREET
#204
CORAL SPRINGS, FL 30065

New Principal Place of Business:

Current Mailing Address:

8740 NW 40 STREET
#204
CORAL SPRINGS, FL 30065

New Mailing Address:

FEI Number: 01-0719698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARANGO, TAMMY
1511 NW 91 AVENUE APT 9-32
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

DIENER, TAMMY
8740 NW 40 STREET
204
CORAL SPRINGS, FL 33065 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: TAMMY DIENER 04/27/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: ARANGO, TAMMY
Address: 1511 NW 91 AVE #9-32
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: DIENER, TAMMY
Address: 8740 NW 40 STREET #204
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TAMMY DIENER DIR 04/27/2004
Electronic Signature of Signing Officer or Director Date