

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000124525

**FILED**  
**Aug 01, 2006**  
**Secretary of State**

**Entity Name:** FUTURE MEDICAL TRANSCRIPTIONISTS INC.

**Current Principal Place of Business:**

5824 RYWOOD DR  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 530063  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 71-0915942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRUSLER, JASON M  
5824 RYWOOD DR  
ORLANDO, FL 32810 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: CEO ( ) Delete  
Name: TRUSLER, JASON  
Address: 5824 RYWOOD  
City-St-Zip: ORLANDO, FL 32810

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: TRUSLER, JASON  
Address: 5824 RYWOOD DR  
City-St-Zip: ORLANDO, FL 32810

Title: COO ( ) Change (X) Addition  
Name: MCCALL, COLLEEN  
Address: 5824 RYWOOD DR  
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON TRUSLER

CEO

08/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date