


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000059892		
1. Entity Name MEDTECH TRANSCRIPTION, INC.		
Principal Place of Business 10402 FAIRCHILD RD. SPRING HILL, FL 34608	Mailing Address 10402 FAIRCHILD RD. SPRING HILL, FL 34608	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VAN METRE, LARRY 10402 FAIRCHILD RD. SPRING HILL, FL 34608		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN METRE, LARRY 10402 FAIRCHILD RD. SPRING HILL, FL 34608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN METRE, SHARON 10402 FAIRCHILD RD. SPRING HILL, FL 34608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: <i>Larry Van Metre</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-12-06</i> Daytime Phone # <i>352-686-7968</i>



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1188020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000510778
04/29/06-80019-023 150.00

**DO NOT WRITE
IN THIS SPACE**