


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90034 022 ***150.00

DOCUMENT # P03000122850	
1. Entity Name ACADEMY OF MEDICAL TRANSCRIPTION, INC.	

Principal Place of Business 353 W DEARBORN STREET ENGLWOOD FL 34223 US 406 North Indiana Ave Suite 10 Englewood	Mailing Address AMY ALEXANDER 14 REMINGTON WAY BRUNSWICK ME 04011 US
---	---



2. Principal Place of Business 406 North Indiana Ave	3. Mailing Address SAME AS ABOVE
Suite, Apt. #, etc. 10	Suite, Apt. #, etc. 14 Remington Way

2nd MOORE CR2E034 (4/06)

City & State Englewood FL	City & State Brunswick Me
Zip 34223	Zip 04011
Country US	Country US

4. FEI Number 65-0745738	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent BROWN, TAMI 4350 LAROSA AVENUE NORTH PORT FL 34286	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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: Amy C Alexander President DATE: 8/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P ALEXANDER, AMY 14 REMINGTON WAY BRUNSWICK ME 04011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ALEXANDER, EDWARD 14 REMINGTON WAY BRUNSWICK ME 04011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S, T ROWE, JANE 14 REMINGTON WAY BRUNSWICK ME 04011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Amy C Alexander DATE: 8/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR