

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064578

FILED
Feb 25, 2005
Secretary of State

Entity Name: INTERNATIONAL SCHOOL OF MEDICAL TRANSCRIPTION AND CODING INC.

Current Principal Place of Business:

15786 SW-141 STREET
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

15786 SW-141 STREET
MIAMI, FL 33196

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PERSAUD, DEBBIE S
15786 SW-141 STREET
MIAMI, FL 33196 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: PERSAUD, DEBBIE S
Address: 15786 SW-141 STREET
City-St-Zip: MIAMI, FL 33196

Title: VP () Delete
Name: PERSAUD, VIDYA
Address: 15786 SW-141 STREET
City-St-Zip: MIAMI, FL 33196

Title: T () Delete
Name: PERSAUD, DHARAM
Address: 15786 SW-141 STREET
City-St-Zip: MIAMI, FL 33196

Title: S () Delete
Name: PERSAUD, VISHWANIE
Address: 15786 SW-141 STREET
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RA (X) Change () Addition
Name: PERSAUD, DEBBIE S
Address: 15786 SW-141 STREET
City-St-Zip: MIAMI, FL 33196

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: SH (X) Change () Addition
Name: PERSAUD, DHARAM
Address: 15786 SW-141 STREET
City-St-Zip: MIAMI, FL 33196

Title: SH (X) Change () Addition
Name: PERSAUD, VISHWANIE
Address: 15786 SW-141 STREET
City-St-Zip: MIAMI, FL 33196

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: DEBBIE S. PERSAUD

Electronic Signature of Signing Officer or Director

RA

02/25/2005

_____ Date