


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P04000072245 1. Entity Name GILBERT MEDICAL TRANSCRIPTION SERVICES, INC. |  |
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| Principal Place of Business 405 DOUGLAS AVENUE SUITE # 2205 ALTAMONTE SPRINGS, FL 32714 US | Mailing Address 405 DOUGLAS AVENUE SUITE # 2205 ALTAMONTE SPRINGS, FL 32714 US |
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06012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 04-3791519 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent FRED NANUS, CPA 5035 MAPLE GLEN PLACE LAKE FOREST,, FL 32771 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

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| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GILBERT, CAROLE J 1720 EMMETT AVENUE SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP,S GILBERT, VAN 1720 EMMETT AVENUE SANFORD, FL 32771 |
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| <p>U000000765864 06/04/07-800008-013 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: Carol Gilbert RHI 6/1/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #