

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136316

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** MELISSA'S MEDICAL TRANSCRIPTION SERVICE, INC.

**Current Principal Place of Business:**

151 SOUTH CORY DRIVE  
EDGEWATER, FL 32141 US

**New Principal Place of Business:**

**Current Mailing Address:**

151 SOUTH CORY DRIVE  
EDGEWATER, FL 32141 US

**New Mailing Address:**

**FEI Number:** 20-3601672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAHAM, MELISSA PRES  
151 SOUTH CORY DRIVE  
EDGEWATER, FL 32141 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  
**Name:** GRAHAM, MELISSA  
**Address:** 151 SOUTH CORY DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141

**Title:** S  
**Name:** GRAHAM, MELISSA  
**Address:** 151 SOUTH CORY DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141

**Title:** D  
**Name:** GRAHAM, MELISSA  
**Address:** 151 SOUTH CORY DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141

**Title:** V  
**Name:** GRAHAM, MELISSA  
**Address:** 151 SOUTH CORY DRIVE  
**City-St-Zip:** EDGEWATER, FL 32141

I hereby 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 all other like empowered.

**SIGNATURE:** MELISSA A. GRAHAM

PRES

04/23/2010

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

\_\_\_\_\_  
Date