

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000065575

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN MEDICAL TRANSCRIPTION SERVICES, INC.

**Current Principal Place of Business:**

1037 PATHFINDER WAY  
136  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

28 ORANGE AVENUE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1037 PATHFINDER WAY  
136  
ROCKLEDGE, FL 32955

**New Mailing Address:**

28 ORANGE AVENUE  
ROCKLEDGE, FL 32955

**FEI Number:** 20-4850576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADISON, MICHELE J  
1037 PATHFINDER WAY  
136  
ROCKLEDGE, FL 32955 US

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

MADISON, MICHELE J  
28 ORANGE AVENUE  
ROCKLEDGE, FL 32955 US

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:** MICHELE J. MADISON

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MADISON, MICHELE J  
**Address:** 28 ORANGE AVENUE  
**City-St-Zip:** ROCKLEDGE, FL 32955

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:** MICHELE J. MADISON

P

03/31/2011

Electronic Signature of Signing Officer or Director

Date