

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147347

FILED
Apr 19, 2009
Secretary of State

Entity Name: SLEEP TRANSCRIPTION, INC.

Current Principal Place of Business:

11343 SW 133 PLACE
MIAMI, FL 33186

New Principal Place of Business:

14305 SW 96 STREET
601
MIAMI, FL 33186

Current Mailing Address:

11343 SW 133 PLACE
MIAMI, FL 33186

New Mailing Address:

14305 SW 96 STREET
601
MIAMI, FL 33186

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

Name and Address of Current Registered Agent:

COHEN, ADRIANA
11343 SW 133 PLACE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

COHEN, ADRIANA
14305 SW 96 STREET
601
MIAMI, FL 33186 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: ADRIANA COHEN

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, ADRIANA
Address: 11343 SW 133 PLACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COHEN, ADRIANA
Address: 14305 SW 96 STREET, #601
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ADRIANA COHEN

CEO

04/19/2009

Electronic Signature of Signing Officer or Director

Date