

P070000043422

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09 NOV 17 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T Roberts NOV 17 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2009

NANCY PAIGE FULTON  
TOTAL TRANSCRIPTION SERVICES, INC.  
36393 LAWRENCE STREET  
SLIDELL, LA 70460

SUBJECT: TOTAL TRANSCRIPTION SERVICES, INC.  
Ref. Number: P07000043422

We have received your document for TOTAL TRANSCRIPTION SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 009A00033770

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TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Total Transcription Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P07000043422

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Paige Fulton  
Name of Contact Person

Total Transcription Services, Inc.  
Firm/Company

36393 Lawrence Street  
Address

Slidell, Louisiana 70460  
City/State and Zip Code

mardigras64@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Paige Fulton at ( 954 ) 471-7244  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Total Transcription Services, Inc.
2. The principal office address: 36393 Lawrence Street, Slidell, Louisiana 70460
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: April 6, 2007 Document number: P07000043422
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Nancy Paige Fulton

9934 Nob Hill Court

Sunrise, Florida 33351

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Curtis R. Cowan, Esq.

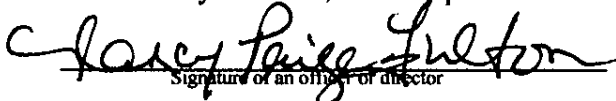
200 Southwest 1st Avenue, Suite 1200

P.O. Box NOT acceptable

Fort Lauderdale, Florida 33301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Nancy Paige Fulton

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

11/10/09  
Date

If signing on behalf of an entity:

Curtis R. Cowan, Esq.

Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA