

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000007844

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** UNLIMITED MEDICAL TRANSCRIPTIONS INC

**Current Principal Place of Business:**

8809 THOUSAND OAKS CT  
TAMPA, FL 33634

**New Principal Place of Business:**

6106 SILKDALE CT  
TAMPA, FL 33625

**Current Mailing Address:**

8809 THOUSAND OAKS CT  
TAMPA, FL 33634

**New Mailing Address:**

6106 SILKDALE CT  
TAMPA, FL 33625

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DIAZ, ANGEL  
8809 THOUSAND OAKS CT  
TAMPA, FL 33634 US

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

DIAZ, ANGEL  
6106 SILKDALE CT  
TAMPA, FL 33625 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: ANGEL DIAZ

02/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DIAZ, ANGEL  
Address: 6106 SILKDALE CT  
City-St-Zip: TAMPA, FL 33625

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: ANGEL DIAZ

P

02/12/2010

Electronic Signature of Signing Officer or Director

Date