

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010872

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** EXPERT MEDICAL TRANSCRIPTION, INC.

**Current Principal Place of Business:**

11401 SW 40 ST  
STE 206  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**Current Mailing Address:**

11401 SW 40 ST  
STE 206  
MIAMI, FL 33165 US

**New Mailing Address:**

**FEI Number:** 65-0391980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHAFER, KENNETH W.  
5411 S.W. 104TH AVENUE  
MIAMI, FL 33165 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

**OFFICERS AND DIRECTORS:**

Title: V  
Name: SCHAFER, JULIE C  
Address: 5411 SW 104TH AVENUE  
City-St-Zip: MIAMI, FL 33165

Title: PS  
Name: SCHAFER, KENENTH W.  
Address: 5411 S.W. 104TH AVENUE  
City-St-Zip: MIAMI, FL 33165

Title: T  
Name: SCHAFER, JULIE  
Address: 5411 SW 104 AVENUE  
City-St-Zip: MIAMI, FL 33165

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: KENNETH W. SCHAFER

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01/06/2012

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

\_\_\_\_\_  
Date