2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000036988

Entity Name: MEDICAL DICTATION, INC.

FILED Jul 13, 2005 Secretary of State

10109 CORTEZ BLVD.

BROOKSVILLE, FL 34613 US

Current Mailing Address: New Mailing Address:

10109 CORTEZ BLVD.

BROOKSVILLE, FL 34613 US

FEI Number: 59-3241031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCGROGAN, SUSAN 10109 CORTEZ BLVD. BROOKSVILLE, FL 34613 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: PST (X) Change () Addition

 Name:
 MCGROGAN, SUSAN
 Name:
 MCGROGAN, SUSAN

 Address:
 247 ORIANA DRIVE
 Address:
 247 ORIANA DRIVE

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:
 SPRING HILL, FL 34609

Title: VP () Delete Title: D (X) Change () Addition

Name:ELIZABETH, MCGROGAN CName:GREENING, JASONAddress:12312 DRAYTON DRIVEAddress:10109 CORTEZ BLVDCity-St-Zip:SPRING HILL, FL 34609 USCity-St-Zip:BROOKSVILLE, FL 34613 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JASON GREENING D 07/13/2005