



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90042 040 \*\*\*150.00

<b>DOCUMENT # P94000036988</b>		
1. Entity Name MEDICAL DICTATION, INC.		
Principal Place of Business 10109 CORTEZ BLVD. BROOKSVILLE, FL 34613 US		Mailing Address 10109 CORTEZ BLVD. BROOKSVILLE, FL 34613 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		04302007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3241031		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
MCGROGAN, SUSAN 10109 CORTEZ BLVD. BROOKSVILLE, FL 34613		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCGROGAN, SUSAN 247 ORIANA DRIVE SPRING HILL, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGROGAN, ELIZABETH 10109 CORTEZ BLVD BROOKSVILLE, FL 34613	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/1/07 Date (404)364-8000 Daytime Phone #

Transcend Services, Inc  
FEIN # 33-0378756

ATTACHMENT  
40118661  
#P948000236988

Officers

Larry G. Gerdes - President/Chief Executive Officer/Director  
945 East Paces Ferry Road, Suite 1475  
Atlanta, GA 30326

Lance B. Cornell - Chief Financial Officer/Secretary/Treasurer  
945 East Paces Ferry Road, Suite 1475  
Atlanta, GA 30326

Susan McGrogan - Chief Operating Officer  
945 East Paces Ferry Road, Suite 1475  
Atlanta, GA 30326

Jeffrey McKee - Senior Vice President of Sales and Marketing  
945 East Paces Ferry Road, Suite 1475  
Atlanta, GA 30326

Directors

Larry G. Gerdes - CEO/Director  
945 East Paces Ferry Road, Suite 1475  
Atlanta, GA 30326

Joseph P. Clayton - Director  
945 East Paces Ferry Road, Suite 1475  
Atlanta, GA 30326

Walter S. Huff, Jr. - Director  
945 East Paces Ferry Road, Suite 1475  
Atlanta, GA 30326

Charles E Theole - Director  
945 East Paces Ferry Road, Suite 1475  
Atlanta, GA 30326

James D. Edwards - Director  
945 East Paces Ferry Road, Suite 1475  
Atlanta, GA 30326

Sidney V Sack - Director  
945 East Paces Ferry Road, Suite 1475  
Atlanta, GA 30326

Joseph G Bleser - Director  
945 East Paces Ferry Road, Suite 1475  
Atlanta, GA 30326