

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000053431					
1. Entity Name PERSONALIZED CLINICAL TRANSCRIPTION, INC.					
Principal Place of Business 322 SPRINGDALE DR BRADENTON FL 34210			Mailing Address 322 SPRINGDALE BRADENTON FL 34210		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0299426	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, ROBERT 2107 63RD AVE E BRADENTON FL 34203				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing ☐				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DECKER, MARY A 322 SPRINGDALE DR BRADENTON FL 34210	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DECKER, MARY A 322 SPRINGDALE DR BRADENTON FL 34210	UUUUUU478937 ☐ Change ☐ Add 04/08/06 00025-006 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DECKER, MARY A 322 SPRINGDALE DR BRADENTON FL 34210	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DECKER, MARY A 322 SPRINGDALE DR BRADENTON FL 34210	☐ Change ☐ Add			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Maryann Decker</i> <i>Maryann Decker</i> <i>3/21/06</i> <i>756-5235</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					