

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
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**

DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0299426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSEN, ROBERT
2107 63RD AVE E
BRADENTON, FL 34203**

**DO NOT WRITE
IN THIS SPACE**

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 Robert Rosen, CPA DATE 4/6/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKER, MARY A 322 SPRINGDALE DR BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/07-80013-005 150.00

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IN THIS SPACE**

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: Maryann Decker Maryann Decker DATE 4/6/07 DAYTIME PHONE # 941 756 5235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #