2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

DOCUMENT # P95000090390 1. Entity Name SOUTH FLORIDA MEDICAL TRANSCRIBERS, INC.						04-10-2008	90019 048 ***15	50.00
Principal Place	e of Business	Mailing Address			一 ·			
7275 SW 89 ST. #522		7275 SW 89 ST. #522		,				
MIAMI, FL 33156 US		MIAMI, FL 33156 US						
					1 (881) 881 (18 1)		 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 65-0635	383		oplied For ot Applicable	
Zip	Country	Zip	Country	у	5. Certificate of	f Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	t Registered Agent		<u> </u>	7. Name and A		legistered Agent	
ELECK ELIZADETH A				Name FICCK, Elizabeth A				
FLECK, ELIZABETH A 2665 SW 37 AVE				Street Address (R.O. Boy Number is Net Acceptable)				
SUITE 409				7273	<u>5.w.</u>	890	1+1CC+	
MIAMI, FL 33133				#52	2			
•				City	miami FL 3 Segue K/a			3510
8. The above	named entity submits this statement f	or the purpose of changing it	ts registered	office or regist	ered agent, or both	, in the State of Flo	orida. I am familiar with,	and accept
	ions of registered agent.							
SIGNATURE_	A CARTON CONTRACTOR							<u> </u>
	Signature, typed or printed name of registered agen	t and title if applicable, (NO	TE: Registered	Agent signature requir	red when reinstating)		DATE	134 1162 11 14462
FIL After M	: É NOW!!! FEE IS \$150.00	9. Election Camp	aign Financ		5.00 May Be			
	ay 1, 2008 Fee will be \$550	.00 Trust Fund Cor	ntribution.	∐ Ac	ded to Fees			:
10.	ay 1, 2008 Fee will be \$550.		ntribution.		ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTOR	S IN 11
10.	- OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTOR	S IN 11
10. TITLE NAME	- OFFICERS AND D FLECK, ELIZABETH A	DIRECTORS	11. TITLE NAME		ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTOR	S IN 11 Addition
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12. I nereby certify that the information supplied with this fitting does not quality for the exemptions contained in Chapter 119, Florida Statutes. Florida relative the 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 chapter 607 or an attachment with an address, with all other like empowered.

SIGNATURE