



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000046981</b> 1. Entity Name PROFESSIONAL MEDICAL TRANSCRIPTION, INC.		
Principal Place of Business 5359 CR 122 NORTH WILDWOOD, FL 34785	Mailing Address 5359 CR 122 NORTH WILDWOOD, FL 34785	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  FLAGG, M V 5359 CR 122 NORTH WILDWOOD, FL 34785		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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>		
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be          Added to Fees       </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST FLAGG, M V 5359 CR 122 NORTH WILDWOOD, FL 34785	U00000551487 05/13/06-80104-002 150.00  <h2>DO NOT WRITE IN THIS SPACE</h2>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLAGG, M V 5359 CR 122 NORTH WILDWOOD, FL 34785	
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.		
<b>SIGNATURE:</b> 		04.27-06 (352) 748-6011 <small>Date Daytime Phone #</small>



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3378950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	