2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2012
Secretary of State

DOCUMENT# P96000046981

Entity Name: PROFESSIONAL MEDICAL TRANSCRIPTION, INC.

Current Principal Place of Business:

5359 CR 122 NORTH
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

5359 CR 122 NORTH
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 59-3378950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLAGG, M V
5359 CR 122 NORTH
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PVST
Name: FLAGG, M V
Address: 5359 CR 122 NORTH
City-St-Zip: WILDWOOD, FL 34785

Title: D
Name: FLAGG, M V
Address: 5359 CR 122 NORTH
City-St-Zip: WILDWOOD, FL 34785

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MV FLAGG OWNE 04/04/2012
Electronic Signature of Signing Officer or Director Date