

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000048088**

1. Entity Name  
**GULFCOAST TRANSCRIPTION OF FLORIDA, INC.**



Principal Place of Business  
**7995 MERCANTILE ST STE 5  
NORTH FT MYERS, FL 33917**

Mailing Address  
**7995 MERCANTILE ST STE 5  
NORTH FT MYERS, FL 33917**



02122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0668853**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HERITAGE TAX & CONSULTING SERVICES, INC  
11220 METRO PKWY, #3  
FORT MYERS, FL 33912**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election, Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000831841  
02/27/08-80034-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	SIMMONS, GARY R
STREET ADDRESS	9751 ST PAUL RD
CITY-ST-ZIP	NORTH FT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Janet A. Simmons*  
**Janet A. Simmons, President**

Date

*2/14/08*  
**239-543-5674**

Daytime Phone #