

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000021043

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** TRANSCRIPTION ASSOCIATES, INC.

**Current Principal Place of Business:**

8535 BOCA GLADES BLVD. W.  
A  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

8535 BOCA GLADES BLVD. W.  
A  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 65-0745738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWMAN, JANICE  
8535 BOCA GLADES BLVD. W.  
A  
BOCA RATON, FL 33434 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: P  
Name: NEWMAN, JANICE  
Address: 8535 BOCA GLADES BLVD. W., #A  
City-St-Zip: BOCA RATON, FL 33434

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: JANICE NEWMAN

PRES

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date