2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P97000030874 MEDICAL TRANSCRIPTION RESOURCES, INC. Principal Place of Business Mailing Address 3325 HENDRICKS AVE., STE. A 3325 HENDRICKS AVE., STE. A JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 04192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3433945 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANGLEY, JOHN A. DO NOT WRITE 3325 HENDRICKS AVE STE A IN THIS SPACE JACKSONVILLE, FL 32207 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 repistered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME LANGLEY, JOHN A 3325 HENDRICKS AVE., STE, A STREET ADDRESS JACKSONVILLE, FL 32207 CITY-ST-ZIP UU0000148637 TITLE ÚS/03/04-8015S-013 150.m NAME STREET ADDRESS CITY-ST-ZIP TITS F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP THLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; 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 charged, or on an attachment with an address—with all other like empowered

SIGNATURE:

STREET ADDRESS

OF MIGNING OFFICER OR DIRECTOR

112/04

904-398-1600

FILED

May 03, 2004 08:00 AM