

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000093147**

1. Entity Name  
**TRANSCRIPTION SOUTH, INC.**



Principal Place of Business  
**13555 AUTOMOBILE BLVD.  
530  
CLEARWATER, FL 33762**

Mailing Address  
**13555 AUTOMOBILE BLVD.  
530  
CLEARWATER, FL 33762**



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0793171</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**CARDINAL, JOHN  
4711 ILEX CT  
PALM HARBOR, FL 34685**

**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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*x 1/8/08*

**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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SINGH ROY, MOITREYEE
STREET ADDRESS	13555 AUTOMOBILE BLVD SUITE 320
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	VPST
NAME	CARDINAL, JOHN
STREET ADDRESS	4711 ILEX COURT
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	D
NAME	SINGHA, AMLAN
STREET ADDRESS	13555 AUTOMOBILE BLVD SUITE 320
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000779835  
01/11/08-80053-012 150.00

**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:

*[Signature]* **John CARDINAL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/8/08*

Date

*800-630-4733*

Daytime Phone #