

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 998000020573

1. Entity Name
PROFESSIONAL MEDICAL
TRANSCRIBING OF BRANDON, INC.



FILED
11 MAY 17 AM 8:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
477 ARCHWAY DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 3465
Suite, Apt. #, etc.

City & State
SPRING HILL FL
Zip
34608
Country
USA

City & State
SPRING HILL FL
Zip
34611-3465
Country
USA

4. FEI Number
59-3499513
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
KENNETH K HANDEL - OWNER
Street Address (P.O. Box Number is Not Acceptable)
477 ARCHWAY DR
City
SPRING HILL FL Zip Code
34608

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 re-registering)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

E-mail Address:
PMT705@BELLSOUTH.NET
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D/C KENNETH K HANDEL 477 ARCHWAY DR SPRING HILL FL 34608
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.156 F.S.

SIGNATURE: *Kenneth K Handel* 5-13-11 352-683-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #