


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P98000089396 1. Entity Name QUALMED TRANSCRIPTION SERVICES, INC. |  |
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| Principal Place of Business 6390 HOLLYWOOD ST. JUPITER, FL 33458 | Mailing Address 6390 HOLLYWOOD ST. JUPITER, FL 33458 |
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DO NOT WRITE IN THIS SPACE



02172006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0868532 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent TAYLOR, DEBORAH 6390 HOLLYWOOD ST. PALM BEACH GARDENS, FL 33418 |
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IN THIS SPACE**

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| 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 <i>Deborah Taylor</i> | DATE <i>3/27/06</i> |
|---|---------------------------------|---------------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPVP TAYLOR, DEBORAH 8390 HOLLYWOOD ST. JUPITER, FL 334586773 |
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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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. | SIGNATURE: <i>Deborah Taylor</i> | DATE: <i>3/27/06</i> | DAYTIME PHONE: <i>561-776-0371</i> |
|---|----------------------------------|----------------------|------------------------------------|