

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000089396
 1. Entity Name
QUALMED TRANSCRIPTION SERVICES, INC.



Principal Place of Business Mailing Address
6390 HOLLYWOOD ST. **6390 HOLLYWOOD ST.**
JUPITER, FL 33458 **JUPITER, FL 33458**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0868532** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TAYLOR, DEBORAH
6390 HOLLYWOOD ST.
PALM-BEACH GARDENS, FL 33418
Jupiter

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPVP
NAME	TAYLOR, DEBORAH
STREET ADDRESS	6390 HOLLYWOOD ST.
CITY-ST-ZIP	JUPITER, FL 334586773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 03/28/07-80049-020 150.00
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah Taylor* **3/15/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #