## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000095877

FILED Apr 21, 2007 Secretary of State

Entity Name: MED-SCRIBE TRANSCRIPTION OF CENTRAL FLORIDA, INC.

New Principal Place o	of Business:
New Mailing Address	:
El Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of	New Registered Agent:
ose of changing its registered	office or registered agent, or both,
	Date
ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:
Title: ( Name: Address: City-St-Zip:	( ) Change() Addition
Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition
	New Mailing Address  El Number Not Applicable ( )  Name and Address of  Discourse of changing its registered  ADDITIONS/CHANGE  Title: Name: Address: City-St-Zip: Title: Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /SAM P. LEWIS V 04/21/2007