

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095877

FILED  
Feb 20, 2010  
Secretary of State

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

**Current Principal Place of Business:**

300 NORTH RONALD REAGAN BLVD  
SUITE 212  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

300 NORTH RONALD REAGAN BLVD  
SUITE 212  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 59-3549243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, SAM P  
213 REGIS COURT  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LEWIS, CYNTHIA H  
**Address:** 213 REGIS COURT  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** V  
**Name:** LEWIS, SAM P  
**Address:** 213 REGIS COURT  
**City-St-Zip:** LONGWOOD, FL 32779

I hereby 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 all other like empowered.

**SIGNATURE:** SAM LEWIS

VP

02/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date