2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P98000107005

Entity Name: MAKKIE MEDICAL TRANSCRIPTION, INC.

Current Principal Place of Business:

427 NE SOLIDA CIR.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

531 NW HAVEN ST
PORT ST. LUCIE, FL 34983

Current Mailing Address:

427 NE SOLIDA CIR.
PORT ST. LUCIE, FL 34983

New Mailing Address:

531 NW HAVEN ST
PORT ST. LUCIE, FL 34983

FEI Number: 65-0882563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANYUCK, MARY A
427 NE SOLIDA CIR.
PORT ST. LUCIE, FL 34983

Name and Address of New Registered Agent:

KANYUCK, MARY ANN E
531 NW HAVEN ST
PORT ST. LUCIE, FL 34983

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: MARY ANN KANYUCK 04/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KANYUCK, MARY A
Address: 427 NE SOLIDA CIR.
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KANYUCK, MARY ANN E
Address: 531 NW HAVEN ST
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY ANN KANYUCK DIR 04/19/2004
Electronic Signature of Signing Officer or Director Date