

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045259

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: PEACOCK TRANSCRIPTION SOLUTIONS, INC.

## Current Principal Place of Business:

2155 ART MUSEUM DRIVE  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

8000 BAYMEADOWS CIRCLE EAST  
SUITE 78  
JACKSONVILLE, FL 32256

## New Mailing Address:

7701 LAS PALMAS WAY  
JACKSONVILLE, FL 32256

FEI Number: 59-3572942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, MICHEALYN C  
1125 13TH AVE. NORTH  
JACKSONVILLE BEACH, FL 32250 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 ( ) Delete  
Name: PEACOCK, JUDITH  
Address: 8000 BAYMEADOWS CIR. E. #78  
City-St-Zip: JACKSONVILLE, FL 32256

Title: V ( ) Delete  
Name: PEACOCK, ANTHONY  
Address: 8000 BAYMEADOWS CIRCLE E, STE 78  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PEACOCK, JUDITH  
Address: 7701 LAS PALMAS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: V (X) Change ( ) Addition  
Name: PEACOCK, ANTHONY  
Address: 7701 LAS PALMAS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

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: JUDITH PEACOCK

P

04/29/2004

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

\_\_\_\_\_  
Date