



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90105 015 ***150.00

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|---|--|--|---|--|--|
| DOCUMENT # P99000072006 | | | |  | |
| 1. Entity Name CASEY MEDICAL TRANSCRIPTIONS, INC. | | | | | |
| Principal Place of Business 1427 SE VILLAGE GREEN DR. PORT SAINT LUCIE, FL 34952 | | | Mailing Address 1427 SE VILLAGE GREEN DR. PORT SAINT LUCIE, FL 34952 | | |
| 2. Principal Place of Business - No P.O. Box # 5847 N.W. ZENITH DR. | | 3. Mailing Address 5847 N.W. ZENITH DR. | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State PORT SAINT LUCIE, FL | | City & State PORT SAINT LUCIE, FL | | | |
| Zip 34986 | | Country USA | | 4. FEI Number 65-0950007 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CASEY, TERRY 5847 NW ZENITH DRIVE PORT SAINT LUCIE, FL 34986 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASEY, TERRY G <input type="checkbox"/> Delete 5847 NW ZENITH DR PORT SAINT LUCIE, FL 34986 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <u>Terry Casey</u> | | <u>Terry Casey</u> | | 4-27-07 772-878-2778 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |