2008 FOR PROFIT CORPORATION. ANNUAL REPORT

FILED Apr 02, 2008 08:00 AN Secretary of State DOCUMENT # S20084 1. Entity Name PHYSICIANS' TRANSCRIPTION SERVICES, INC. Principal Place of Business Mailing Address 9833 WILDGINGER DR. P. O. BOX 08111 FT. MYERS, FL 33919 FT. MYERS, FL 33908 LIS US 03292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0255136 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SADERA, BRENDA DO NOT WRITE 9833 WILDGINGER DR. FT. MYERS, FL 33919 IN THIS SPACE 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) Signeture, typed or printed name of recestered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000877564 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees D4/14/08-80019-016 150.00 10. OFFICERS AND DIRECTORS DPST TITLE SADERA, BRENDA NAME 9833 WILDGINGER STREET ADDRESS CITY-ST-ZIP FT. MYERS. FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 leceiver 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 attactment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

BRENDA)ADERA