2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# S88352

Entity Name: GULF COAST MEDICAL TRANSCRIPTION, INC.

Current Principal Place of Business:

2001 NATALIE STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16572
PANAMA CITY, FL 324066572

New Mailing Address:

FEI Number: 59-3093301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOPEZ, NANCY
2001 NATALIE STREET
PANAMA CITY, FL 32405 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: D ( ) Delete
Name: LOPEZ, NANCY,
Address: 2001 NATALIE STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: LOPEZ, EDWIN J.,
Address: 2001 NATALIE STREET
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NANCY LOPEZ D 04/26/2007

Electronic Signature of Signing Officer or Director Date