


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

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| DOCUMENT # V02630 1. Entity Name P.R.N. MEDICAL TRANSCRIPTION, INC. |  |
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| Principal Place of Business 11004 S.W. 112TH AVE. MIAMI, FL 33176 | Mailing Address 11004 S.W. 112TH AVE. MIAMI, FL 33176 |
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01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0313728 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GURSKY, GILFRED C. 11004 S.W. 112TH AVE. MIAMI, FL 33176 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

110000122820
04/21/04-80044-006 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GURSKY, GILFRED C. 11004 S.W. 112 AVE. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GURSKY, PHYLLIS B. 11004 S.W. 112 AVE. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GURSKY, GREGORY S. 11004 SW 112 AVE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Phyllis B. Gursky 4/19/04 305-595-8895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Phyllis B. Gursky, President