2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02630

FILED Apr 18, 2009 Secretary of State

Entity Name: P.R.N. MEDICAL TRANSCRIPTION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
I 1004 S.V ИІАМІ, FL	V. 112TH AVE. 33176			
Current Mailing Address:		New Mailing Address:		
I1004 S.V ИIAMI, FL	V. 112TH AVE. 33176			
El Number	: 65-0313728	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	GILFRED C. V. 112TH AVE. 33176 US			
,	33170 00			
The above		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
The above	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
The above n the Stat	e named entity s e of Florida. RE:	submits this statement for the place in the place is stated and in the plac		ed office or registered agent, or both, Date
The above n the Stat SIGNATU	e named entity s e of Florida. RE: Electron	·		
The above n the Stat BIGNATU	e named entity s e of Florida. RE: Electron	ic Signature of Registered Agon Trust Fund Contribution ().	ent	
The above n the Stat BIGNATU	e named entity se of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Ago Trust Fund Contribution (). FORS: Delete RED C.	ent	Date
The above n the State SIGNATU Election Ca DFFICER itle: lame: laddress:	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT D () GURSKY, GILFI 11004 S.W. 112 MIAMI, FL	ic Signature of Registered Agr Trust Fund Contribution (). FORS: Delete RED C. 2 AVE. Delete LIS B.	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: PHYLLIS B. GURSKY DIR 04/18/2009