

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000027688

**Entity Name:** LINDA'S MEDICAL TRANSCRIPTION, INC.

**Current Principal Place of Business:**

5110 JACKSON ST.  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

5110 JACKSON ST.  
HOLLYWOOD, FL 33021

**FEI Number:** 65-0909241

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZIPOLI, LINDA  
5110 JACKSON STREET  
HOLLYWOOD, FL 33020 US

*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

**Officer/Director Detail :**

Title P  
Name ZIPOLI, LINDA  
Address 5110 JACKSON ST.  
City-State-Zip: HOLLYWOOD FL 33021

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA ZIPOLI

**PRESIDENT**

**04/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date