

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401 222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401 222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No. 75387	2. Name of Con SCHULTZ	rporation Z MEDICAL TRANSCI	RIPTION SERVICE, INC.	ION SERVICE, INC.										
3. Street Address Principal B 40 Aaron Avenue	Business Office		^{Cuy} Bristol	State RI	<i>Ζφ</i> 02809									
4. Business Phone No. 401-253-1296		5. State of Incorpor RHODE ISLA												
6. Brief Description of the Cl. transcribing, typinhg,	baracter of Business Condi printing and copying	<i>icled in Rhode Island</i> g of medical, legal or oth	ner reports, analyses, memor	anda, briefs and other do	ocuments									
7. NAMES AND ADDR	uisses of the off	ICERS: ("X" BOX FOR	<i>attachment)</i> 🔲 fill in	SPACES BEFORE USING	ATTACHMENTS									
President Name Carolyn M. Schultz			Vice Fresident Name John E. Schultz											
Street Address			Street Address											
40 Aaron Avenue			40 Aaron Avenue											
City Bristol	State RI	^{Zip} 02809	^{City} Bristol	State RI	^{Z/p} 02809									
Secretary Name John E. Schultz		***************************************	Treasurer Name Carolyn M. Schultz	Treasurer Name Carolyn M. Schultz										
Street Address 40 Aaron Avenue			Street Address 40 Aaron Avenue	•										
^{City} Bristol	State RI	^{Zip} 02809	City Bristol	State RI	^{Zip} 02809									
	ESSES OF THE DIRI	ectors: <i>("X" box po</i>	R <i>attachment)</i> 🔲 fill 1	N SPACES BEFORE USIN	G ATTACHMENTS									
Director Name Carolyn M. Schultz			Director Name John E. Schultz											
Street Address	<u> </u>		Street Address											
40 Aaron Avenue			40 Aaron Avenue											
City	State	Zip	City	State	Zip									
Bristol	RI	02809	Bristol	RI	02809									
Director Name			Director Name		•••••									
Street Address			Street Address											
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this report must be executed on behalf of the corporation by the receiver or trustee.

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Under penalty of perjury, I declare and affir including any accompanying schedules and	
contained herein are true and correct.	/ statements, and that an statements
Carryn M Schy	2/9/09
Signature U	Date
Carolyn M. Schultz	
Print or Type Name	
President	
Title	