PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DE ANTIMENT OF STATE

Katherine Harris

Secretary of State*

DIVISION OF CORPORATIONS

DOCUMENT # **P0000094096**

1. Corporation Name

ADVANTEC MEDICAL TRANSCRIPTION, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11024 CLAYMORE ST. SPRING HILL FL 34608 11024 CLAYMORE ST. SPRING HILL FL 34608 FILED

02 JAN 29 AN 10: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

out, Congra



352-686-8680

Daytime Phone #

]								
11186 SPRING HILL DR. 11186				ng Office Address, If Applicable 6 SPRING HILL DR.		Date Incorporated or Qualified To Do Business in Florida 10/04/2000		
Suite, Apt. #, etcSuite, Apt. #, #210			elc.		5. FEI Numbe	5. FEI Number Applied F		
City & State City & State			NG HILL, FL 34609		59-3672781 Not App 6. \$8.75 Additional Fee		Not Applicable	
SPRING HILL, FL 34609 SPRING Zip Country Zip							.75 Additional Fee required tor a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
D/ P/S	BEATTY, PATRICIA T	TTY, PATRICIA T 11024 CLAYMO			SPRING HILL FL 34608			
D/ VP/T	1			41024 CLAYMORE ST. 9514 VANCOUVER ROAD		SPRING HILL FL 34608		
					OO	0004883 -02/06/020	0707 1023018	
				****900.00 ****900.00			****900.00	
DEIMET				EM@TATE	BARDIT	N/W		
						リーレス	1 79	
	8. Name and Address of Current	Registered Age	nt		9. Name and Address of New Registered Agent			
			-	Name PFAで何V	ס א תיס ד כי	TÁ m		
	S, GEORGE N			L	BEATTY, PATRICIA T. Street Address (P.O. Box Number is Not Acceptable)			
23 E. TARPON AVE.					11186 SPRING HILL DRIVE			
TARPON SPRINGS FL 34689					Suite, Apt. #, Etc. — #210			
				City SPRING	HILL	Stat	1-'	
10. I, being	appointed the registered agent of the abo	ove named corpo	ration am fa		obligations of Section 24/02	on 607.0505, F.S.		
Signature of Registered Agent X VELOURED Date X 12 / 28/01 REGISTERED AGENT MUST SIGN								
this rein	that I am an officer or director or the recei statement application, the reason for disso the corporation have been paid and the	olution has been	eliminated, t	he corporate name satisfies	the requirements	of section 607.0401 or 617.0	0401, F.S., that all fees	