

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000072394

FILED  
Oct 23, 2004  
Secretary of State

**Entity Name:** FLORIDA MEDICAL TRANSCRIPTION SERVICES, INC.

**Current Principal Place of Business:**

18281 N.W. 19TH ST.  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18281 N.W. 19TH ST.  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 03-0442490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERMAN, JEFFREY M  
17701 BISCAYNE BLVD., STE. 200  
AVENTURA, FL 33160 US

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

GHAZNAVI, RAFAT  
18281 N.W. 19TH ST.  
PEMBROKE PINES, FL 33029 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: RAFAT GHAZNAVI

10/23/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GHAZNAVI, RAFAT  
Address: 18281 N.W. 19TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAFAT GHAZNAVI

D

10/23/2004

Electronic Signature of Signing Officer or Director

Date