

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000147347

Entity Name: SLEEP TRANSCRIPTION, INC.

**FILED**  
**May 21, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

18503 SW 91 AVE  
MIAMI, FL 33157

## **New Principal Place of Business:**

11343 SW 133 PLACE  
MIAMI, FL 33186

## **Current Mailing Address:**

18503 SW 91 AVE  
MIAMI, FL 33157

## **New Mailing Address:**

11343 SW 133 PLACE  
MIAMI, FL 33186

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

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

COHEN, ADRIANA  
18503 SW 91 AVE  
MIAMI, FL 33157    US

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

COHEN, ADRIANA  
11343 SW 133 PLACE  
MIAMI, FL 33186    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: ADRIANA COHEN

05/21/2008

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:                      P                      ( ) Delete  
Name:                      COHEN, ADRIANA  
Address:                      18503 SW 91 AVE  
City-St-Zip:                      MIAMI, FL 33157

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

Title:                      P                      (X) Change ( ) Addition  
Name:                      COHEN, ADRIANA  
Address:                      11343 SW 133 PLACE  
City-St-Zip:                      MIAMI, FL 33186

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: ADRIANA COHEN

CEO

05/21/2008

Electronic Signature of Signing Officer or Director

Date