

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000022580

1. Corporation Name

HEALTHCARE TRANSCRIPTION, INC.

2. Principal Office Address - No P.O. Box #

1870 KARA PL SW

Suite, Apt. #, etc.

City & State

PALM BAY, FL

Zip

32908

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1999

5. FEI Number

59-3563993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JONNI M. PARKS

Street Address (P.O. Box Number is Not Acceptable)

1870 KARA PL SW

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32908

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jonni M. Parks

REGISTERED AGENT MUST SIGN

Date **09-17-2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D,P | JONNI M. PARKS | 1870 KARA PL SW | PALM BAY, FL 32908 |
| | <i>\$29/20</i> | | |
| | | | |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Jonni M. Parks

JONNI M. PARKS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-17-2007

Date

321-956-0505

Daytime Phone #