FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V62072** **(6)**

1. Corporation Name
BARKER MEDICAL TRANSCRIPTION, INC.

Principal Place of Business
2144 BRUECKNER DR
SARASOTA FL 34231

Mailing Address
2144 BRUECKNER DR
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City, State — 23
City, State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: 65-0372545 — Applied For / Not Applicable

5. Certificate of Status (Leader) [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has taken advantage of the exemption under S. 199.183 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
BARKER, SHARON
2144 BRUECKNER DR
SARASOTA FL 34231

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. The principal place of business of the corporation is located at the address indicated in Section 2 above. The corporation is aware that the appointment of a registered agent can further cause personal liability to be imposed upon him/her under Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARKER, SHARON
STREET ADDRESS	2144 BRUECKNER DR
CITY, ST, ZIP	SARASOTA FL
TITLE	D
NAME	BARKER, DAVID
STREET ADDRESS	2144 BRUECKNER DR
CITY, ST, ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I hereby certify that the information indicated on this annual report or supplemental annual report is true and complete and that my 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 in Block 12 or Block 13 above (attach additional sheet if necessary).

SIGNATURE: Sharon Barker — 4-28-95 — 813-922-8150
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR
SHARON BARKER

0338760 CP