## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (6)**DOCUMENT #** Corporation Name BARKER MEDICAL TRANSCRIPTION, INC. Principal Place of Business Mailing Address 2144 BRUECKNER DR 2144 BRUECKNER OR SARASOTA FL 34231 SARASOTA FL 34231 3. Date Incorporated or Qualified 3a. Date of Last Report 09/04/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4 FELNumber Applied For 21 65-0372545 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Zin Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 ☐ Yes 🗷 No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARKER, SHARON 82 Street Address (P.O. Box Number is Not Acceptable) 2144 BRUECKNER DR SARASOTA FL 34231 83 City 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Signation typed problem has enoting present a jet called the integriting in the fifth freighbreich Agent's gestlare regionalt was a remotating. CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Change ☐ Addition BARKER, SHARON NAME 1.2 NAME 2144 BRUECKNER DR STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CHY-ST-ZIP 1.4 OITY - \$1 - ZIP THILE DELETE 2 1 TITLE Change ☐ Addition BARKER, DAVID NAME 2.2 NAME 2144 BRUECKNER DR STREET ADDRESS 2.3 STHEET ADDRESS SARASOTA FL CITY - ST - 2IP 2.4 CHY+ST ZIP TITLE DELETE 3 1 TILLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4 CITY - \$! - 7/P TITLE DELETE 4 1 TiTLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS. 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 Cilin ST-2IF ☐ DELETE THILE 5.1 101 8 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY - \$1 - 2IP TITLE DELETE 6 1 Till; E Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not goal fy for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conjunction 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 it changed, open an attachment with an address.

6.2 NAME

63 STREET ADDRESS

6.4 CiTY+ST-7iP

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZiP

CHARON BY REE SINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

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