

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V62072

FILED  
Oct 20, 2004  
Secretary of State

Entity Name: BARKER MEDICAL TRANSCRIPTION, INC.

## Current Principal Place of Business:

2144 BRUECKNER DR  
SARASOTA, FL 34231

## New Principal Place of Business:

## Current Mailing Address:

2144 BRUECKNER DR  
SARASOTA, FL 34231

## New Mailing Address:

7350 SOUTH TAMIAMI TRAIL  
#213  
SARASOTA, FL 34231

FEI Number: 65-0372545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARKER, SHARON  
2144 BRUECKNER DR  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

BARKER, SHARON  
7350 SOUTH TAMIAMI TRAIL  
#213  
SARASOTA, FL 34231 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: SHARON BARKER

10/20/2004

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: BARKER, SHARON  
Address: 2144 BRUECKNER DR  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: BARKER, DAVID  
Address: 2144 BRUECKNER DR  
City-St-Zip: SARASOTA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BARKER, SHARON  
Address: 7350 SOUTH TAMIAMI TRAIL #213  
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Change ( ) Addition  
Name: BARKER, DAVID  
Address: 7350 SOUTH TAMIAMI TRAIL #213  
City-St-Zip: SARASOTA, FL 34231

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: SHARON BARKER

PRES

10/20/2004

Electronic Signature of Signing Officer or Director

Date