

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V62072

**FILED**  
**Apr 04, 2013**  
**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:**

7350 SOUTH TAMIAMI TRAIL  
#213  
SARASOTA, FL 34231

**New Mailing Address:**

2144 BRUECKNER DR  
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  
7350 SOUTH TAMIAMI TRAIL  
#213  
SARASOTA, FL 34231 US

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

BARKER, SHARON  
2144 BRUECKNER DRIVE  
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

04/04/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BARKER, SHARON  
Address: 2144 BRUECKNER DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: D  
Name: BARKER, DAVID  
Address: 2144 BRUECKNER DRIVE  
City-St-Zip: SARASOTA, FL 34231

I hereby 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 all other like empowered.

SIGNATURE: SHARON BARKER

PRES

04/04/2013

Electronic Signature of Signing Officer or Director

Date