

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087536

Entity Name: P.R.N. MEDICAL TRANSCRIPTION SERVICE, INC.

Current Principal Place of Business:

2504 NW 7TH STREET
CAPE CORAL, FL 33993

Current Mailing Address:

2504 NW 7TH STREET
CAPE CORAL, FL 33993 US

FEI Number: 43-1978954

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITZPATRICK, SUSAN JCOOWNER
2504 NW 7TH STREET
CAPE CORAL, FL 33993 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title MR.
Name FITZPATRICK, MARK GCOOWNER
Address 2504 NW 7TH STREET
City-State-Zip: CAPE CORAL FL 33993

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: MARK FITZPATRICK

CO-OWNER

01/21/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date