

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000123074

Entity Name: PHYSICIAN'S CHOICE TRANSCRIPTION SERVICES, LLC

Current Principal Place of Business:

835 COUNTRY CHARM CIRCLE
OVIEDO, FL 32765

Current Mailing Address:

835 COUNTRY CHARM CIRCLE
OVIEDO, FL 32765

FEI Number: 46-3543849

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ORTA, MARIA B
835 COUNTRY CHARM CIRCLE
OVIEDO, FL 32765 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

Authorized Person(s) Detail :

Title MGRM
Name ORTA, OSCAR
Address 835 COUNTRY CHARM CIRCLE
City-State-Zip: OVIEDO FL 32765

Title MGRM
Name ORTA, MARIA B
Address 835 COUNTRY CHARM CIRCLE
City-State-Zip: OVIEDO FL 32765

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA B. ORTA

MANAGER

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date