

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000060013

**Entity Name:** VC MEDICAL TRANSCRIPTIONS INC.

**Current Principal Place of Business:**

9542 SHEPARD PL  
WELLINGTON, FL 33414

**Current Mailing Address:**

9542 SHEPARD PL  
WELLINGTON, FL 33414 US

**FEI Number: 46-3226948**

**Certificate of Status Desired: No**

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

VIROJA, JAGMOHAN  
9542 SHEPARD PL  
WELLINGTON, FL 33414 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 P  
Name VIROJA, JAGMOHAN  
Address 9542 SHEPARD PL  
City-State-Zip: WELLINGTON FL 33414

Title VP  
Name CROES, IVAR  
Address 16625 SW 1ST STREET  
City-State-Zip: PEMBROKE PINES FL 33027

*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: JAGMOHAN VIROJA**

**PRESIDENT**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date