

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001183

FILED
Aug 30, 2006
Secretary of State

Entity Name: TELEMED COMMUNICATIONS, INC.

Current Principal Place of Business:

18 BECK STREET
ATLANTA, GA 30318

New Principal Place of Business:

Current Mailing Address:

PO BOX 20015
ATLANTA, GA 30325

New Mailing Address:

FEI Number: 58-1696343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

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: PTD () Delete
Name: NEISLER, BETTY
Address: 18 BECK STREET
City-St-Zip: ATLANTA, GA 30318

Title: SD () Delete
Name: KIMBRELL, JENNY
Address: 1130 VALLEY RIDGE COURT
City-St-Zip: MARIETTA, GA 30067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JENNY KIMBRELL

SD

08/30/2006

Electronic Signature of Signing Officer or Director

Date