

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000063178

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** INTERNATIONAL TELEMEDICINE SOLUTIONS, LLC

**Current Principal Place of Business:**

C/O 2333 PONCE DE LEON BLVD.  
SUITE 302  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 2333 PONCE DE LEON BLVD.  
SUITE 302  
MIAMI, FL 33134

**New Mailing Address:**

**FEI Number:** 27-0497179      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SANCHEZ-MEDINA, ROLAND JR.  
C/O 2333 PONCE DE LEON BLVD.  
SUITE 302  
MIAMI, FL 33134 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

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: MEJIDES, ANDRES A MD  
Address: 7350 SW 69TH COURT  
City-St-Zip: MIAMI, FL 33143 US

Title: VP  
Name: MARQUEZ, MIGUEL  
Address: 7350 SW 69TH COURT  
City-St-Zip: MIAMI, FL 33143 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANDRES A MEJIDES MD

P

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date