

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004947

**FILED**  
**Apr 15, 2004**  
**Secretary of State**

**Entity Name:** TELEMEDICAL ORGANIZATION, INC.

**Current Principal Place of Business:**

2050 N.E. 163RD STREET  
2ND FLOOR  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**New Mailing Address:**

2050 N.E. 163RD STREET  
2ND FLOOR  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

2050 N.E. 163RD STREET  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 65-0905446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LASALVIA, LAURA A  
2050 NE 163RD ST., 2ND FLOOR, #201  
NORTH MIAMI BEACH, FL 33162 US

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

LASALVIA, LAURA A  
2050 NE 163RD ST., 2ND FLOOR, # 201  
NORTH MIAMI BEACH, FL 33162 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

04/15/2004

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: LASALVIA, LAURA A  
Address: 2050 NE 163RD ST #201  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VPD ( ) Delete  
Name: LASALVIA, EDUARDO M  
Address: 2050 NE 163RD ST. #201  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: LASALVIA, LAURA A  
Address: 2050 NE 163RD ST # 201  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VPD (X) Change ( ) Addition  
Name: LASALVIA, EDUARDO M  
Address: 2050 NE 163RD ST. # 201  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAMON DE CORTADA

Electronic Signature of Signing Officer or Director

ENG

04/15/2004

Date