

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008465

Entity Name: TELEMED-HAITI, INC.**Current Principal Place of Business:**19501 W COUNTRY CLUB DR UNIT 312
AVENTURA, FL 33180**Current Mailing Address:**19501 W COUNTRY CLUB DR UNIT 312
AVENTURA, FL 33180**FEI Number:** 46-0891441**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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	PRESIDENT
Name	GOLDSTICKER, LEE
Address	19501 W COUNTRY CLUB DR UNIT 312
City-State-Zip:	AVENTURA FL 33180

Title	TREASURER
Name	YORK, DANIEL P
Address	19501 W COUNTRY CLUB DR UNIT 312
City-State-Zip:	AVENTURA FL 33180

Title	SECRETARY
Name	DUFF, REGINALD L
Address	19501 W COUNTRY CLUB DR UNIT 312
City-State-Zip:	AVENTURA FL 33180

Title	CO-DIRECTOR OF MEDICAL OPERATIONS
Name	GOLDSTICKER, RALPH D MD
Address	19501 W COUNTRY CLUB DR UNIT 312
City-State-Zip:	AVENTURA FL 33180

Title	CO-DIRECTOR OF MEDICAL OPERATIONS
Name	DIAZ, JOSE' R MD
Address	19501 W COUNTRY CLUB DR UNIT 312
City-State-Zip:	AVENTURA FL 33180

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEE GOLDSTICKER**PRESIDENT****01/27/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date