

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000094798

**Entity Name:** FLORIDA TELEHEALTH MEDICAL GROUP, P.A.

**Current Principal Place of Business:**

345 NORTH CANAL STREET, SUITE 201  
CHICAGO, IL 60606

**Current Mailing Address:**

345 NORTH CANAL STREET, SUITE 201  
CHICAGO, IL 60606 US

**FEI Number: 84-4154755**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            JOVANOVIĆ, ALEXANDAR DR.  
Address        3921 ALTON ROAD, SUITE 418  
City-State-Zip: MIAMI BEACH FL 33140

*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: ALEXANDAR JOVANOVIĆ, M.D.**

**PRESIDENT**

**04/19/2021**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date