

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000038732

Entity Name: SOUTHERNTELEMED, LLC

Current Principal Place of Business:

5553 HWY 90
PACE, FL 32571

Current Mailing Address:

5553 HWY 90
PACE, FL 32571

FEI Number: 45-4891288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARG, PURUSHOTTAM K
5553 HWY 90
PACE, FL 32571 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

Authorized Person(s) Detail :

Title MGR
Name GARG, PURUSHOTTAM K
Address 5553 HWY 90
City-State-Zip: PACE FL 32571

Title MGRM
Name GARG, ANJU
Address 5553 HWY 90
City-State-Zip: PACE FL 32571

Title MGRM
Name GARG, SAUMYA K
Address 5553 HWY 90
City-State-Zip: PACE FL 32571

Title MGRM
Name GARG, NUPUR
Address 5553 HWY 90
City-State-Zip: PACE FL 32571

Title MGRM
Name GARG, NEHA
Address 5553 HWY 90
City-State-Zip: PACE FL 32571

Title MGRM
Name GARG, PRIYA
Address 5553 HWY 90
City-State-Zip: PACE FL 32571

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PURUSHOTTAM K GARG

MGR

03/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date