

**2015 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

03/22/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date