

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000165943

Entity Name: TELAGEN LLC**Current Principal Place of Business:**2075 CENTRE POINTE BLVD
STE 103
TALLAHASSEE, FL 32308-7835**Current Mailing Address:**2075 CENTRE POINTE BLVD
STE 103
TALLAHASSEE, FL 32308-7835 US**FEI Number:** 46-4264930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, DAVID A
2075 CENTRE POINTE BLVD
STE 103
TALLAHASSEE, FL 32308-7835 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, CHIEF MEDICAL OFFICER
Name RAMSEY, SHAWN DR.
Address 2075 CENTRE POINTE BLVD
STE 103
City-State-Zip: TALLAHASSEE FL 32308-7835

Title CEO
Name HILL, DAVID A.
Address 2075 CENTRE POINTE BLVD
STE 103
City-State-Zip: TALLAHASSEE FL 32308

Title COO
Name CRUM, LARRY D.
Address 2075 CENTRE POINTE BLVD
STE 103
City-State-Zip: TALLAHASSEE FL 32308-7835

Title MANAGER
Name ROBERTS, WILLIAM
Address 2075 CENTRE POINTE BLVD
STE 103
City-State-Zip: TALLAHASSEE FL 32308-7835

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: LARRY CRUM

COO

01/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date