

**2023 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**FEI Number:** 46-4264930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

01/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date