

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000062149

**Entity Name:** TELEPORT MED, LLC

**Current Principal Place of Business:**

1150 NW 72ND AVE TOWER 1 STE 455 #14134  
MIAMI, FL 33126

**Current Mailing Address:**

1150 NW 72ND AVE TOWER 1 STE 455 #14134  
MIAMI, FL 33126 US

**FEI Number:** 47-3674068

**Certificate of Status Desired:** No

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

KAYE, JOSH  
200 SOUTH BISCAYNE BLVD.  
SUITE 2500 C/O DLA PIPER LLP  
MIAMI, FL 33131 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:** JOSH KAYE

12/11/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KAPLAN, LEE MD  
Address 1150 NW 72ND AVE TOWER 1 STE 455  
#14134  
City-State-Zip: MIAMI FL 33126

*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:** LEE KAPLAN

MANAGER

12/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date