

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000062149

**Entity Name:** TELEPORT MED, LLC

**Current Principal Place of Business:**

200 SOUTH BISCAYNE BLVD.  
34TH FLOOR, C/O DUANE MORRIS LLP  
MIAMI, FL 33131

**Current Mailing Address:**

ATTN: SIRENMD  
1951 NW 7TH AVE 3RD FLOOR  
MIAMI, FL 33136 US

**FEI Number:** 47-3674068

**Certificate of Status Desired:** No

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

O'DONNELL, NANETTE  
200 SOUTH BISCAYNE BLVD.  
34TH FLOOR  
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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KAPLAN, LEE MD  
Address 200 SOUTH BISCAYNE BLVD., 34TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title MANAGER  
Name SAIONTZ, BRENT  
Address SIRENMD  
1951 NW 7TH AVE 3RD FLOOR  
City-State-Zip: MIAMI FL 33136

Title BUSINESS DEVELOPMENT  
Name ANDREW, WILLERT  
Address ATTN: SIRENMD  
1951 NW 7TH AVE 3RD FLOOR  
City-State-Zip: MIAMI FL 33136

*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: ANDREW WILLERT**

**BUSINESS  
DEVELOPMENT**

**01/12/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date