

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000062149

Entity Name: TELEPORT MED, LLC**Current Principal Place of Business:**200 SOUTH BISCAYNE BLVD.
SUITE 2500, C/O DLA PIPER 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:** Yes**Name and Address of Current Registered Agent:**GALITZ, SUMMER
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:** SUMMER GALITZ

06/18/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	KAPLAN, LEE MD
Address	1951 NW 7TH AVE 3RD FLOOR
City-State-Zip:	MIAMI FL 33136

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

Title	PRESIDENT
Name	WINN, HOLLIS KEITH
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 G. WILLERT

COO

06/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date