

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000005052

**Entity Name:** TELEHEALTH MEDICAL SERVICES OF NJ, P.C., INC.**Current Principal Place of Business:**265 BROOKVIEW CENTRE WAY STE 400  
KNOXVILLE, TN 37919**Current Mailing Address:**265 BROOKVIEW CENTRE WAY STE 400  
KNOXVILLE, TN 37919**FEI Number: 87-2358279****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT,  
SECRETARY, TREASURER  
Name ISTVAN, DAVID J MD  
Address 307 S EVERGREEN AVE STE 101  
City-State-Zip: WOODBURY NJ 08096

Title AS  
Name STAIR, JOHN R  
Address 265 BROOKVIEW CENTRE WAY STE  
400  
City-State-Zip: KNOXVILLE TN 37919

Title AT  
Name BARRACK, JOHN  
Address 265 BROOKVIEW CENTRE WAY STE  
400  
City-State-Zip: KNOXVILLE TN 37919

Title VP  
Name CHOW, JOSEPH  
Address 307 E EVERGREEN AVE STE 101  
City-State-Zip: WOODBURY NJ 08096

Title ASST. TREASURER  
Name OWENS, LARA  
Address 265 BROOKVIEW CENTRE WAY STE  
400  
City-State-Zip: KNOXVILLE TN 37919

Title VP  
Name CRANE, JOSEPH T IV  
Address 265 BROOKVIEW CENTRE WAY STE  
400  
City-State-Zip: KNOXVILLE TN 37919

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN R STAIR****ASSISTANT SECRETARY 04/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date