2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 517831

City-St-Zip: CORAL GABLES, FL 33124

Entity Name: TELEMEDICINE SYSTEMS CORPORATION

FILED Apr 25, 2007 Secretary of State

Current F	Principal Place	of Business:	New Principal Place	New Principal Place of Business:	
POST OFFICE BOX 248524 CORAL GABLES, FL 33124			5701 SW 54TH TERR MIAMI, FL 33155	5701 SW 54TH TERRACE MIAMI, FL 33155	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	FFICE BOX 2489 BABLES, FL 33				
FEI Numbe	r: 59-1785071	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
C/O W G 901 PON	EGORY, JOHN H G & G LLP CE DE LEON B BABLES, FL 33	LVD PH			
	e named entity s te of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	JRE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	ampaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PD () NATIELLO, THO PO BOX 24852		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS A NATIELLO PD 04/25/2007