2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# F05000001047

Entity Name: THE NATIONAL INSTITUTE OF TELEHEALTH, INC.

Current Principal Place of Business:

699 EAST FIFTH AVENUE
MOUNT DORA, FL 32757

New Principal Place of Business:

28334 CHURCHILL SMITH LN
MOUNT DORA, FL 32757

Current Mailing Address:

699 EAST FIFTH AVENUE
MOUNT DORA, FL 32757

New Mailing Address:

28334 CHURCHILL SMITH LN
MOUNT DORA, FL 32757

FEI Number: 81-0664353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MIDDLETON, HARLOW C
699 EAST FIFTH AVENUE
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: BROWN, DONNA H
Address: 699 EAST FIFTH AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: VCVT ( ) Delete
Name: DEEMEDIO, THOMAS
Address: 4185 KIRKWOOD-ST. GEORGES ROAD
City-St-Zip: BEAR, DE 19701

Title: S ( ) Delete
Name: MIDDLETON, HARLOW C
Address: 699 EAST FIFTH AVENUE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA BROWN CP 04/28/2006

Electronic Signature of Signing Officer or Director — Date