

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001047

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE NATIONAL INSTITUTE OF TELEHEALTH, INC.

Current Principal Place of Business:

28334 CHURCHILL SMITH LN
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

28334 CHURCHILL SMITH LN
MOUNT DORA, FL 32757

New Mailing Address:

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
28334 CHURCHILL SMITH LANE
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: 28334 CHURCHILL SMITH LANE
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: 28334 CHURCHILL SMITH LANE
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 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: HARLOW MIDDLETON

AGEN

03/30/2009

Electronic Signature of Signing Officer or Director

Date