2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2011
Secretary of State

DOCUMENT# F05000001047

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:

699 E. FIFTH AVENUE
MOUNT DORA, FL 32757

Current Mailing Address:

28334 CHURCHILL SMITH LN
MOUNT DORA, FL 32757

New Mailing Address:

699 E. FIFTH AVENUE
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
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
Name: BROWN, DONNA H
Address: 699 E. FIFTH AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: VCVT
Name: DEEMEDIO, THOMAS
Address: 4542 KIRKWOOD-ST. GEORGES ROAD
City-St-Zip: BEAR, DE 19701

Title: S
Name: MIDDLETON, HARLOW C
Address: 28334 CHURCHILL SMITH LANE
City-St-Zip: MOUNT DORA, FL 32757

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIC BENZING CFO 03/09/2011

Electronic Signature of Signing Officer or Director — Date