

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004398

1. Entity Name

R4 TELEMEDICINE SYSTEMS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90097 035 \*\*\*150.00

Principal Place of Business

Mailing Address

231 WEAVER ST  
FALL RIVER MA 02721

231 WEAVER ST  
FALL RIVER MA 02720-1309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3336192

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDCT	CARSON, ROBERT W	231 WEAVER ST	FALL RIVER MA 02721	<input type="checkbox"/>
D	CAMPOS, WAYNE	231 WEAVER ST	FALL RIVER MA 02721	<input type="checkbox"/>
D	TARR, BARRY	231 WEAVER ST	FALL RIVER MA 02721	<input type="checkbox"/>
D	MAHER, TOM	231 WEAVER ST	FALL RIVER MA 02721	<input type="checkbox"/>
D	KELLY, BRIAN	231 WEAVER ST	FALL RIVER MA 02721	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CARSON

Date

4/1/00

Daytime Phone #

508-678-4864

CR2E034 (9/99)