

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012797

Entity Name: TELEMEDEXPERTS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

8466 LOCKWOOD RIDGE
306
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

8466 LOCKWOOD RIDGE
306
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 26-1790014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITHERSPOON, JONATHON
8466 LOCKWOOD RIDGE
337
SARASOTA, FL 34243 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEPNER, LYNN
Address: 2020 MICANOPY TRAIL
City-St-Zip: NOKOMIS, FL 34275

Title: MGR () Delete
Name: TURNER, LANNY M.D.
Address: 974 CHESTERFIELD VILLAS CIRCLE
City-St-Zip: CHESTERFIELD, MO 63017

Title: MGR () Delete
Name: WITHERSPOON, JONATHON
Address: 8466 LOCKWOOD RIDGE #337
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JONATHON WITHERSPOON

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date