

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 23 AM 8:59

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001914

TELECONMED, L.L.C. PMB
16057 TAMPA PALMS BLVD. WEST, #300
TAMPA FL 33647

1a. Principal Place of Business Address

16057 TAMPA PALMS BLVD. WEST
TAMPA FL 33647

2. Principal Place of Business
Tampa, FL

2a. Mailing Address
same as 1a.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

09/21/1998

3a. State of Formation

FL

4. FEI Number

59-3533999

☐ Applied For

☐ Not Applicable

5. Date of Last Report

n/a

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
201 NORTH FRANKLIN STREET, SUITE 220
TAMPA FL 33602

8. Name and Address of New Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	REINTGEN, DOUGLAS S M.	16057 TAMPA PALMS BLVD. WE	TAMPA FL
MGR	NORMAN, JAMES G M.D.	16057 TAMPA PALMS BLVD. WE	TAMPA FL
MGR	COX, CHARLES E M.D.	16057 TAMPA PALMS BLVD. WE	TAMPA FL

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****188.75 ****188.75

11. I do 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 annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Douglas S. Reintgen, MD

813/972-8482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #