

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001914

1. Entity Name  
TELECONMED, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:38

Principal Place of Business  
16057 TAMPA PALMS BLVD. WEST. #300  
TAMPA FL 33647

Mailing Address  
16057 TAMPA PALMS BLVD. WEST. #300  
TAMPA FL 33647-2001

2. Principal Place of Business  
15702 Cheston Court  
Suite, Apt. #, etc.

3. Mailing Address  
15702 Cheston Court  
Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip  
33647

Country  
USA

Zip  
33647

Country  
USA

4. FEI Number  
59-3533999

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J  
201 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
REINTGEN, DOUGLAS S M.D.  
16057 TAMPA PALMS BLVD. WEST, #300  
TAMPA FL 33647

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
NORMAN, JAMES G M.D.  
16057 TAMPA PALMS BLVD. WEST, #300  
TAMPA FL 33647

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
COX, CHARLES E M.D.  
16057 TAMPA PALMS BLVD. WEST, #300  
TAMPA FL 33647

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

800003191908--9  
-03/31/00--01088--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 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.

SIGNATURE:

*Douglas Reintgen*  
Douglas Reintgen, M.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

813/972-8482

Date

Daytime Phone #