

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018107 AF

DOCUMENT # L98000001914

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

Principal Place of Business  
15702 CHESTON COURT  
TAMPA FL 33647

Mailing Address  
15702 CHESTON COURT  
TAMPA FL 33647

FILED

01 JAN 31 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3533999

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME REINTGEN, DOUGLAS S M.D.  
STREET ADDRESS 16057 TAMPA PALMS BLVD. WEST, #300  
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME NORMAN, JAMES G M.D.  
STREET ADDRESS 16057 TAMPA PALMS BLVD. WEST, #300  
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME COX, CHARLES E M.D.  
STREET ADDRESS 16057 TAMPA PALMS BLVD. WEST, #300  
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/01

Date

813-972-8482

Daytime Phone #

CR2E083 (11/00)