

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009206**

1. Entity Name

**TELEMEDICINE RESOURCE GROUP, L.L.C.**

**FILED**

Principal Place of Business

**1401 KIMDALE STREET  
LEHIGH ACRES FL 33936**

Mailing Address

**1401 KIMDALE STREET  
LEHIGH ACRES FL 33936**

**01 OCT 12 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

*Handwritten signature*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1950 Northwestern Ave.**

3. Mailing Address

**1950 Northwestern Ave.**

Suite, Apt. #, etc.

**106**

Suite, Apt. #, etc.

**106**

City & State

**Stillwater, MN**

City & State

**Stillwater, MN**

Zip

**MN**

Country

**USA**

Zip

**55082**

Country

**USA**

4. FEI Number

**65-0068520**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, THOMAS J JR.  
150 ALHAMBRA CIRCLE, SUITE 1260  
CORAL GABLES FL 33134**

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

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**

**Due By September 26, 2001**

**800004641058--7**

**-10/18/01--01022--013**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete  
NAME **BRUCE E. ROLFE**  
STREET ADDRESS **1950 Northwestern Ave. #106**  
CITY-ST-ZIP **Stillwater, MN 55082**

TITLE **MEMBER** ☐ Delete  
NAME **Fred Anderson**  
STREET ADDRESS **1401 Kimdale St.**  
CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Handwritten signature of Bruce E. Rolfe*

**9/26/01**

**651-251-1385**

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

Date

Daytime Phone #

CR2E083 (5/01)