

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009206**

1. Entity Name

TELEMEDICINE RESOURCE GROUP, L.L.C.

FILED

Principal Place of Business

Mailing Address

01 OCT 12 PM 12:17

mf

1401 KIMDALE STREET
LEHIGH ACRES FL 33936

1401 KIMDALE STREET
LEHIGH ACRES FL 33936

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

1950 Northwestern Ave. 1950 Northwestern Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

106

106

City & State

City & State

Stillwater, MN

Stillwater, MN

Zip

Country

Zip

Country

MN

USA

55082

USA

4. FEI Number

65-0968520

Applied For

41-1998362

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

TITLE	MANAGER <input type="checkbox"/> Delete
NAME	BRUCE E. ROLFE
STREET ADDRESS	1950 Northwestern Ave. #106
CITY-ST-ZIP	Stillwater, MN 55082
TITLE	MEMBER <input type="checkbox"/> Delete
NAME	Fred Anderson
STREET ADDRESS	1401 Kimdale St.
CITY-ST-ZIP	Lehigh Acres, FL. 33936
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *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)