

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000009206

FILED  
Apr 28, 2003  
Secretary of State

**Entity Name:** TELEMEDICINE RESOURCE GROUP, L.L.C.

**Current Principal Place of Business:**

1950 NORTHWESTERN AVE., #106  
STILLWATER, MN 55082

**New Principal Place of Business:**

11200 STILLWATER BOULEVARD  
107  
LAKE ELMO, MN 55042

**Current Mailing Address:**

1950 NORTHWESTERN AVE., #106  
STILLWATER, MN 55082

**New Mailing Address:**

11200 STILLWATER BOULEVARD  
107  
LAKE ELMO, MN 55042

FEI Number: 41-1998362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ROLLIE, BRUCE E  
Address: 1950 NORTHWESTERN AVE., #106  
City-St-Zip: STILLWATER, MN 55082

Title: MEM (X) Delete  
Name: ANDERSON, FRED  
Address: 1401 KIMDELE ST.  
City-St-Zip: LEHIGH ACRES, FL 33936

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 ROLLIE

MGR

04/28/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date