

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005171

1. Entity Name
TALEMED, LLC



FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business
403 LOVELAND MADEIRA RD
LOVELAND, OH 45140

Mailing Address
403 LOVELAND MADEIRA RD
LOVELAND, OH 45140



07092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4584578	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

GALLETS, EUNICE
2825 SW 22ND AVE STE 105
DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000955908
07/22/08-80012-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TRACEY, ELIZABETH 403 LOVELAND MADEIRA RD LOVELAND, OH 45140
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Elizabeth Tracey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 7-16-08 Daytime Phone # _____