

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005171

**Entity Name:** TALEMED, LLC

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6279 TRI RIDGE BLVD  
SUITE 110  
LOVELAND, OH 45140

**New Principal Place of Business:**

**Current Mailing Address:**

6279 TRI RIDGE BLVD  
SUITE 110  
LOVELAND, OH 45140

**New Mailing Address:**

**FEI Number:** 36-4584578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALLETS, EUNICE  
2825 SW 22ND AVE STE 105  
DELRAY BEACH, FL 33445 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/MANAGERS:**

**Title:** CEO  
**Name:** TRACEY, ELIZABETH  
**Address:** 6279 TRI RIDGE BLVD, SUITE 110  
**City-St-Zip:** LOVELAND, OH 45140

**Title:** VP  
**Name:** BAKER, RANDY  
**Address:** 6279 TRI RIDGE BLVD, SUITE 110  
**City-St-Zip:** LOVELAND, OH 45140

I hereby 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: RANDY BAKER

VP

01/11/2012

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