

**MD60000005171**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

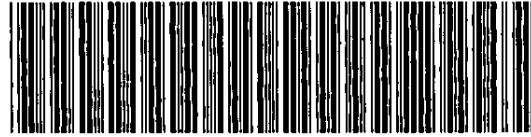
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DEC 10 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **TaleMed, LLC**

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Elizabeth Tracy**

Name of Person

**TaleMed, LLC**

Firm/Company

**6279 Tri-Ridge Blvd., Ste. 110**

Address

**Loveland, OH 45140**

City/State and Zip Code

**randy.baker@talemed.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Elizabeth Tracy** at **(513) 965-6001**

Name of Person

Area Code and Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TaleMed, LLC

2. This entity was formed under the laws of: Ohio

3. This entity was authorized to transact business in Florida on 9/19/2006  
and its Florida document/registration number is M06000005171

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Elizabeth Tracy

6324 Pine Cove Ln.

Loveland, OH 45140

MGRM

Ken Tracy

6324 Pine Cove Ln.

Loveland, OH 45140

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TALLAHASSEE FLORIDA

Required Signature: Elizabeth Tracy  
Signature of Manager, Managing Member or Member

Filing Fee: \$25