

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 08, 2005
Secretary of State**

DOCUMENT# N96000003625

Entity Name: CHILDREN'S TELEMEDICAL HEALTH FUND, INC.

Current Principal Place of Business:

8800 N BAYSHORE DR
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

8800 N BAYSHORE DR
MIAMI, FL 33138

New Mailing Address:

FEI Number: 65-0679107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEICH, ARTHUR H
8800 N BAYSHORE DR
MIAMI, FL 33138 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLEICH, ARTHUR H
Address: 8800 N. BAYSHORE DR
City-St-Zip: MIAMI, FL

Title: VPD () Delete
Name: CARMICHAEL, LYNN P M.D.
Address: 5330 BANYAN DR
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: SASMOR, LOUIS P
Address: 7221 S.W. 142 AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR H. BLEICH

PD

02/08/2005

Electronic Signature of Signing Officer or Director

_____ Date