

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000101388

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** US TELEMED SERVICES, INC.

**Current Principal Place of Business:**

7700 MASSACHUSETTS  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

7700 MASSACHUSETTS  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:** 27-4316507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KHAN, HAIDER A  
7700 MASSACHUSETTS  
NEW PORT RICHEY, FL 34653 US

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

KHAN, HAIDER A MD  
7700 MASSACHUSETTS  
NEW PORT RICHEY, FL 34653 US

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: HAIDER A KHAN, MD

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KHAN, HAIDER A MD  
Address: 7700 MASSACHUSETTS AVE.  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TSD  
Name: KHAN, NAZEER H MD  
Address: 7700 MASSACHUSETTS AVE.  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D  
Name: KHAN, AKBAR MD  
Address: 7700 MASSACHUSETTS AVE.  
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAIDER A KHAN, MD

PD

04/25/2012

Electronic Signature of Signing Officer or Director

Date