

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000071374

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** TELEMEDICINE WEB SERVICES, INC.

**Current Principal Place of Business:**

8247 DEVEREUX DRIVE STE 101  
VIERA, FL 32940

**New Principal Place of Business:**

8247 DEVEREUX DRIVE  
SUITE 101  
VIERA, FL 32940

**Current Mailing Address:**

8247 DEVEREUX DRIVE STE 101  
VIERA, FL 32940

**New Mailing Address:**

8247 DEVEREUX DRIVE  
SUITE 101  
VIERA, FL 32940

**FEI Number:** 38-3851252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ABBRUSCATO, CHARLES R  
3279 LEVANTO DRIVE  
VIERA, FL 32940 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: CEO  
Name: ABBRUSCATO, CHARLES R  
Address: 3279 LEVANTO DRIVE  
City-St-Zip: VIERA, FL 32940

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: CHARLES R. ABBRUSCATO

CEO

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date