

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P40220 (6)

1. Corporation Name

TELMED, INC. A DELAWARE CORPORATION



Principal Place of Business

Mailing Address

9350 S. DIXIE HWY.  
1220  
MIAMI FL 33156  
US

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1220  
MIAMI FL 33156  
US

3. Date Incorporated or Qualified  
08/26/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
65-0273037

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCHOENET, JOSEPH  
STREET ADDRESS 1111 FLINT RD, UNIT 1-4  
CITY-ST-ZIP DOWNSVIEW, ONT, CANADA ☒ DELETE

TITLE STD  
NAME STERN, MARTIN  
STREET ADDRESS 5 TIMOTHY COURT  
CITY-ST-ZIP MONEYS NY ☐ DELETE

TITLE CD  
NAME BINDER, JEFFREY I.  
STREET ADDRESS 8950 S.W. 117TH STREET  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME DIENA, EMMANUEL  
STREET ADDRESS 1111 FLINT RD, UNIT 1-4  
CITY-ST-ZIP DOWNSVIEW, ONT, CANADA ☐ DELETE

TITLE D  
NAME ROSEN, KENNETH A.  
STREET ADDRESS 8740 N. KENDALL DR., #209  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASST. SECRETARY ☐ Change ☒ Addition  
1.2 NAME Blanca Santos  
1.3 STREET ADDRESS 11280 S.W. 40 Terrace  
1.4 CITY-ST-ZIP Miami, FL 33165 ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96  
Date

(305) 670-9773  
Daytime Phone #

CR2E034 (12/95)