

04-29-1999 90164 004... 150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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RECEIVED
 COUNTY CLERK
 COUNTY OF MIAMI

DOCUMENT # P97000004947
 1. Corporation Name
TELEMEDICAL ORGANIZATION, INC.

| | |
|---|---|
| Principal Place of Business 2050 N.E. 163RD STREET NORTH MIAMI BEACH FL 33182 | Mailing Address 2050 N.E. 163RD STREET NORTH MIAMI BEACH FL 33182 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|-------------------------|---|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 01/16/1997 | 4. FEI Number 55-0905446 | Applied For <input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 23. Zip | 28. Zip | 8. This corporation owes the current year intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. Country | 29. Country | | | |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent ROTH, LEONARD A 9350 SOUTH DIXIE HIGHWAY PENTHOUSE TWO MIAMI FL 33156 | 10. Name and Address of New Registered Agent |
| B1. Name | |
| B2. Street Address (P.O. Box Number is Not Acceptable) | |
| B3. | |
| B4. City | FL B5. Zip Code |

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROTH, LEONARD A | 1.2 NAME | |
| STREET ADDRESS | 9350 SOUTH DIXIE HWY PH 2 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33156 | 1.4 CITY-ST-ZIP | |
| TITLE | VSD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUIZ, JUAN | 2.2 NAME | |
| STREET ADDRESS | 2050 N.E. 163 STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33182 | 2.4 CITY-ST-ZIP | |
| TITLE | PTD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DR. MIGUEL GARCER, M.D. | 3.2 NAME | |
| STREET ADDRESS | 2050 N.E. 163 ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL. 33182 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 person or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan A Ruiz A/26/99 (305) 944-2544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/99)