

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004947

FILED
Apr 25, 2009
Secretary of State

Entity Name: TELEMEDICAL ORGANIZATION, INC.

Current Principal Place of Business:

2050 N.E. 163RD STREET
201
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

2050 N.E. 163RD STREET
NORTH MIAMI BEACH, FL 33162 US

Current Mailing Address:

2050 N.E. 163RD STREET
201
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

1234 N. VICTORIA PARK
FT. LAUDERDALE, FL 33304 US

FEI Number: 65-0905446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTADA, RAMON
2050 NE 163RD STREET
201
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

CORTADA, RAMON
1234 N. VICTORIA PARK
FT. LAUDERDALE, FL 33304 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: RAMON CORTADA

04/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORTADA, RAMON D
Address: 2050 NE 163RD ST # 201
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: NOLAN, DAVID D
Address: 2050 NE 163RD ST # 201
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORTADA, RAMON D
Address: 2050 NE 163RD ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: D (X) Change () Addition
Name: NOLAN, DAVID D
Address: 2050 NE 163RD ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON CORTADA

D

04/25/2009

Electronic Signature of Signing Officer or Director

Date