

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000004947

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** TELEMEDICAL ORGANIZATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0905446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORTADA, RAMON  
1234 N. VICTORIA PARK RD  
FT. LAUDERDALE, FL 33304 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:** PSTD  
**Name:** CORTADA, RAMON PSTD  
**Address:** 1234 N. VICTORIA PARK RD  
**City-St-Zip:** FT. LAUDERDALE, FL 33304 US

**Title:** D  
**Name:** NOLAN, DAVID D  
**Address:** 1234 N. VICTORIA PARK RD  
**City-St-Zip:** FT. LAUDERDALE, FL 33304 US

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:** RAMON CORTADA

PSTD

04/05/2011

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

\_\_\_\_\_  
Date