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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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DOCUMENT # P98000007309

1. Corporation Name

WORLD TELEHEALTH CORPORATION

Principal Place of Business

Mailing Address

777 ALDERMAN ROAD
PALM HARBOR FL 34683

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PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1998

2. Principal Place of Business

21 **2739 US Highway 19**

2a. Mailing Address

26 **2739 US Highway 19**

Suite, Apt. #, etc.

22 **Suite 550**

Suite, Apt. #, etc.

27 **Suite 550**

City & State

23 **Holiday, FL**

City & State

28 **Holiday FL**

Zip

24 **34691** 25 **USA**

Zip

29 **34691** 30 **USA**

Country

4. FEI Number

59-3506463

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE

NAME **WEBER, MATTHEW**
STREET ADDRESS **622 EAST TARPON AVENUE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **President** ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chairman** ☒ Change ☐ Addition

1.2 NAME **Matthew Weber**
1.3 STREET ADDRESS **3453 White Willow Way**
1.4 CITY-ST-ZIP **Spring Hill FL 34606**

2.1 TITLE **President** ☐ Change ☒ Addition

2.2 NAME **Dan Montzka, M.D.**
2.3 STREET ADDRESS **17 Birdie Lane**
2.4 CITY-ST-ZIP **Palm Harbor FL 34682**

3.1 TITLE **Dana Deupree M.D.** ☐ Change ☒ Addition

3.2 NAME **Dana Deupree M.D.**
3.3 STREET ADDRESS **158 Willow Brook Dr.**
3.4 CITY-ST-ZIP **Palm Harbor FL 34683**

4.1 TITLE **Robert W. Wilder** ☐ Change ☒ Addition

4.2 NAME **Robert W. Wilder**
4.3 STREET ADDRESS **2739 US Highway 19 Suite 550**
4.4 CITY-ST-ZIP **Holiday FL 34691**

5.1 TITLE **James P. Gills M.D.** ☐ Change ☒ Addition

5.2 NAME **James P. Gills M.D.**
5.3 STREET ADDRESS **43309 US Highway 19**
5.4 CITY-ST-ZIP **Tarpon Springs FL 34689**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE: **Matt Weber / Chairman** 4/26/99 727 944 3011

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CR2F034 (11/98)