

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000051688

1. Entity Name  
ROSE TELEMEDICINE, INC.



**FILED**  
Mar 01, 2004 08:00 AM  
Secretary of State

Principal Place of Business  
1275 TECUMSEH TR.  
PENSACOLA, FL 32514

Mailing Address  
1275 TECUMSEH TR.  
PENSACOLA, FL 32514



02262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3571491

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

KELLY, WILLIAM P  
1275 TECUMSEH TR.  
PENSACOLA, FL 32514

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000003071750  
03/01/04-80084-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	KELLY, WILLIAM P
STREET ADDRESS	1275 TECUMSEH TRAIL
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William P. Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM P. KELLY 2-27-04 850-968-9596  
Date Daytime Phone #