

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000000582

Entity Name: MEDTEL24, INC.**Current Principal Place of Business:**4800 T-REX AVE
SUITE 100
BOCA RATON, FL 33431**Current Mailing Address:**4800 T-REX AVE
SUITE 100
BOCA RATON, FL 33431 US**FEI Number:** 45-2210375**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANDERS, LEE B
4800 T-REX AVE
SUITE 100
BOCA RATON, FL 33431 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	SANDERS, LEE B
Address	4800 T-REX AVE, SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	DIRECTOR, SECRETARY
Name	ANAND, RISHI MD
Address	4800 T-REX AVE, SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	DIRECTOR
Name	GERSHONI, DANIEL
Address	4800 T-REX AVE SUITE100
City-State-Zip:	BOCA RATON FL 33431

Title	TREASURER, DIRECTOR
Name	MOSSEY, BRIAN
Address	4800 T-REX AVE, SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	DIRECTOR
Name	O'CONNOR, RORY
Address	4800 T-REX AVE, SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	DIRECTOR
Name	JOHNSON, KENNETH DR.
Address	4800 T-REX AVE SUITE 100
City-State-Zip:	BOCA RATON FL 33431

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: LEE SANDERS**PRESIDENT****03/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date