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

Electronic Signature of Signing Officer/Director Detail

Entity Name: TELEMEDICAL ORGANIZATION, INC. **Current Principal Place of Business:**

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# P97000004947

Current Mailing Address:

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

City-State-Zip: FT. LAUDERDALE FL 33304

FEI Number: 65-0905446

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORTADA, RAMON 1234 N. VICTORIA PARK RD 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:

Officer/Director Detail :			
Title	PSTD	Title	D
Name	CORTADA, RAMON PSTD	Name	NOLAN, DAVID D
Address	1234 N. VICTORIA PARK RD	Address	1234 N. VICTORIA PARK RD

City-State-Zip: FT. LAUDERDALE FL 33304

Certificate of Status Desired: Yes

PSTD

Date

Mar 11, 2014 Secretary of State CC5917109920

FILED

Date

03/11/2014