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: CORTADA, RAMON

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

1736 NE 12 ST FT. LAUDERDALE. FL 33304 US

Current Principal Place of Business:

DOCUMENT# P97000004947

FEI Number: 65-0905446

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

Name and Address of Current Registered Agent:

CORTADA, RAMON 1736 NE 12 ST 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PSTD	Title	D
Name	CORTADA, RAMON PSTD	Name	NOLAN, DAVID D
Address	1736 NE 12 ST	Address	1736 NE 12 ST
City-State-Zip:	FT. LAUDERDALE FL 33304	City-State-Zip:	FT. LAUDERDALE FL 33304

Certificate of Status Desired: Yes

FILED Jan 15, 2018 Secretary of State CC6422577098

> 01/15/2018 Date

PSTD

Date

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: TELEMEDICAL ORGANIZATION, INC.