

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000004947

**Entity Name:** TELEMEDICAL ORGANIZATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

1735 NE 12 ST  
FT. LAUDERDALE, FL 33304 US

**FEI Number:** 65-0905446

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORTADA, RAMON  
1735 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

Date

**Officer/Director Detail :**

Title PSTD  
Name CORTADA, RAMON PSTD  
Address 1735 NE 12 ST  
City-State-Zip: FT. LAUDERDALE FL 33304

Title D  
Name NOLAN, DAVID D  
Address 1735 NE 12 ST  
City-State-Zip: FT. LAUDERDALE FL 33304

*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

PSTD

02/05/2020

Electronic Signature of Signing Officer/Director Detail

Date