

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108373

Entity Name: TELEMED PROVIDERS USA LLC

Current Principal Place of Business:

14454 CHERRY LAKE DRIVE W
JACKSONVILLE, FL 32258

Current Mailing Address:

8314 SUNSET TRAIL
TEMPLE, TX 76502

FEI Number: 26-4041876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TROTMAN, IAN CMR.
14454 CHERRY LAKE DRIVE, WEST
JACKSONVILLE, FL 32258 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

Authorized Person(s) Detail :

Title CEO
Name TROTMAN, IAN C
Address 14454 CHERRY LAKE DRIVE, WEST
City-State-Zip: JACKSONVILLE FL 32258

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TROTMAN IAN C

CEO

03/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date