

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000056713

Entity Name: TELEMED, LLC

Current Principal Place of Business:

2505 THONOTOSASSA RD
303
PLANT CITY, FL 33563

Current Mailing Address:

2505 THONOTOSASSA RD
303
PLANT CITY, FL 33563 US

FEI Number: 90-0499329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRISON, LISA
2505 THONOTOSASSA RD
303
PLANT CITY, FL 33563 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 MGRM
Name HARRISON, LISA
Address 2505 THONOTOSASSA ROAD #303
City-State-Zip: PLANT CITY FL 33563

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: LISA HARRISON

04/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date