

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000165943

**Entity Name:** TELAGEN LLC

**Current Principal Place of Business:**

1204-B MICCOSUKEE RD.  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1204-B MICCOSUKEE RD.  
TALLAHASSEE, FL 32308 US

**FEI Number:** 46-4264930

**Certificate of Status Desired:** Yes

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

RAMSEY, SHAWN  
1204-B MICCOSUKEE RD.  
TALLAHASSEE, FL 32308 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 MGR, CHIEF MEDICAL OFFICER  
Name RAMSEY, SHAWN  
Address 1204-B MICCOSUKEE RD.  
City-State-Zip: TALLAHASSEE FL 32308

Title CEO  
Name HILL, DAVID A.  
Address 1204-B MICCOSUKEE RD.  
City-State-Zip: TALLAHASSEE FL 32308

Title COO  
Name CRUM, LARRY D.  
Address 1204-B MICCOSUKEE RD.  
City-State-Zip: TALLAHASSEE FL 32308

*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:** DAVID A. HILL

CEO

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date