

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000165943

Entity Name: TELAGEN LLC

Current Principal Place of Business:

2075 CENTRE POINTE BLVD
STE 103
TALLAHASSEE, FL 32308-7835

Current Mailing Address:

2075 CENTRE POINTE BLVD
STE 103
TALLAHASSEE, FL 32308-7835

FEI Number: 46-4264930

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DR.
Address 2075 CENTRE POINTE BLVD
STE 103
City-State-Zip: TALLAHASSEE FL 32308-7835

Title CEO
Name HILL, DAVID A.
Address 2075 CENTRE POINTE BLVD
STE 103
City-State-Zip: TALLAHASSEE FL 32308

Title COO
Name CRUM, LARRY D.
Address 2075 CENTRE POINTE BLVD
STE 103
City-State-Zip: TALLAHASSEE FL 32308-7835

Title MANAGER
Name ROBERTS, WILLIAM
Address 2075 CENTRE POINTE BLVD
STE 103
City-State-Zip: TALLAHASSEE FL 32308-7835

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: LARRY CRUM

COO

01/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date