2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2019
Secretary of State
8541945689CC

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Entity Name: GETMED TELE-HEALTH, LLC

Current Principal Place of Business:

8765 WATERCREST CIRCLE
PARKLAND, FL 33076

Current Mailing Address:

8765 WATERCREST CIRCLE
PARKLAND, FL 33076

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHINTRE, LATA
8765 WATERCREST CIRCLE
PARKLAND, FL 33076 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	Title	MGR
Name	SHINTRE, LATA	Name	SHINTRE, NIRANJAN
Address	8765 WATERCREST CIRCLE	Address	8765 WATERCREST CIRCLE
City-State-Zip:	PARKLAND FL 33076	City-State-Zip:	PARKLAND FL 33076

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: NIRANJAN SHINTRE MANAGER 02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date