

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000042662

**Entity Name:** BAPTIST HEALTH TELEHEALTH SERVICES, LLC

**FILED**  
**Mar 30, 2017**  
**Secretary of State**  
**CC0647279378**

**Current Principal Place of Business:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143

**Current Mailing Address:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

FRIEDMAN, DAVID R ESQ.  
6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143 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  
Name LAWSON, RALPH E  
Address 6855 RED ROAD #600  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name ARSENAULT, MATTHEW  
Address 6855 RED ROAD #600  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name ROSELLO, PATRICIA  
Address 6855 RED ROAD #600  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name BELLMAS, LUIS  
Address 6855 RED ROAD #600  
City-State-Zip: CORAL GABLES FL 33143

*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: RALPH E. LAWSON**

**MGR**

**03/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date