

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000233135

**Entity Name:** TELEMED ADVISORS, LLC

**Current Principal Place of Business:**

4614 NW 99TH LANE  
CORAL SPRINGS , FL 33076

**Current Mailing Address:**

4614 NW 99TH LANE  
CORAL SPRINGS , FL 33076 US

**FEI Number: 84-3156206**

**Certificate of Status Desired: No**

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

SMITH, ALICIA F  
4614 NW 99TH LANE  
CORAL SPRINGS , 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            MANAGER  
Name            HERNANDEZ, ABRAHAM J  
Address        4614 NW 99TH LANE  
City-State-Zip: CORAL SPRINGS FL 33076

Title            MANAGER  
Name            SMITH , ALICIA F  
Address        4614 NW 99TH LANE  
City-State-Zip: CORAL SPRINGS 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: ALICIA SMITH**

**MANAGER**

**04/27/2025**

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

\_\_\_\_\_  
Date