

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000260013

Entity Name: TELEHEALTH MEDICAL PRACTITIONERS LLC

Current Principal Place of Business:

1651 SW 21ST AVENUE
MIAMI, FL 33145

Current Mailing Address:

1651 SW 21ST AVENUE
MIAMI, FL 33145

FEI Number: 88-2665840

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEATHCOTE, ZUZETTE M
1651 SW 21ST AVENUE
MIAMI, FL 33145 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 HEATHCOTE, ZUZETTE M
Address 1651 SW 21 AVENUE
City-State-Zip: MIAMI FL 33145

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: ZUZETTE M HEATHCOTE

PRESIDENT

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date