

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005171

**Entity Name:** TALEMED, LLC

**Current Principal Place of Business:**

6279 TRI RIDGE BLVD  
SUITE 110  
LOVELAND, OH 45140

**Current Mailing Address:**

6279 TRI RIDGE BLVD  
SUITE 110  
LOVELAND, OH 45140

**FEI Number:** 36-4584578

**Certificate of Status Desired:** No

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

GALLETS, EUNICE  
2825 SW 22ND AVE STE 105  
DELRAY BEACH, FL 33445 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 MGRM  
Name TRACY, ELIZABETH  
Address 6324 PINE COVE LN.  
City-State-Zip: LOVELAND OH 45140

Title MGRM  
Name TRACY, KEN  
Address 6324 PINE COVE LN.  
City-State-Zip: LOVELAND OH 45140

*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:** ELIZABETH A. TRACY

**CEO**

**01/09/2015**

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

\_\_\_\_\_  
Date