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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

Please retain original filing date of submission 10/28

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

TelaDoc Physicians, P.A., P.C.

Certificate of Status	0
Certified Copy	0
Page Count	186
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10 OCT 28 PM 4: 31

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MRS 11/1



October 29, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: TELA DOC PHYSICIANS, P.C.  
REF: W10000050750

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H10000235592  
Letter Number: 110A00025547

**\*RE-SUBMIT\***

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date of submission 10/28

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Teladoc Physicians, P.A., P.C.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amy McKay  
Name of Person

Teladoc Physicians  
Firm/Company

4100 Spring Valley, Suite 600  
Address

Dallas, Texas 75244  
City/State and Zip code

amckay@teladoc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Squire, Esq. at (203) 542-7262  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Tela Doc Physicians, P.A.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 20-1020949  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. March 30, 2004 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7330 San Pedro, Suite 425, San Antonio, Texas 78216  
(Principal office address)

4100 Spring Valley, Suite 600, Dallas, Texas 75244  
(Current mailing address)

8. Medical services  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

CT Corporation System

By: Connie Bryan  
(Registered agent's signature)

**Connie Bryan**  
**Assistant Secretary**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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**TALLAHASSEE FLORIDA**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Dr. Roger Moczygemba  
Address: 7330 San Pedro, Suite 425  
San Antonio, Texas 78216

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Dr. Bruce Begia  
Address: 7330 San Pedro, Suite 425  
San Antonio, Texas 78216

Director: Dr. Steven Ingram  
Address: 7330 San Pedro, Suite 425  
San Antonio, Texas 78216

B. OFFICERS


President: Dr. Roger Moczygemba  
Address: 7330 San Pedro, Suite 425, San Antonio, Texas 78216

Vice President/Secretary: Dr. Bruce Begia  
Address: 7330 San Pedro, Suite 425, San Antonio, Texas 78216

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_

Treasurer/Vice President: Dr. Steven Ingram  
Address: 7330 San Pedro, Suite 425, San Antonio, Texas 78216

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  10-7-10  
(Signature of Director or Officer listed in number 12 of the application)

14. Dr. Roger Moczygemba, President  
(Typed or printed name and capacity of person signing application)

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Association for TelaDoc Physicians, P.A. (file number 800324040), a Professional Association, was filed in this office on March 30, 2004.

It is further certified that the entity status in Texas is in existence.

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TALLAHASSEE FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 27, 2010.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State

Phono: (512) 463-5555  
Prepared by: SOS-WEB

Come visit us on the internet at <http://www.sos.state.tx.us/>  
Fax: (512) 463-5709  
TDD: 10264

Dial: 7-1-1 for Relay Services  
Document: 337049220003