

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004765

FILED
Apr 14, 2011
Secretary of State

Entity Name: TELADOC PHYSICIANS, P.A.

Current Principal Place of Business:

7330 SAN PEDRO
SUITE 425
SAN ANTONIO, TX 78216

New Principal Place of Business:

Current Mailing Address:

4100 SPRING VALLEY
SUITE 600
DALLAS, TX 75244

New Mailing Address:

FEI Number: 20-1020949 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP
Name: MOCZYGEMBA, DR. ROGER
Address: 7330 SAN PEDRO, SUITE 425
City-St-Zip: SAN ANTONIO, TX 78216

Title: VPSD
Name: BEGIA, DR. BRUCE
Address: 7330 SAN PEDRO, SUITE 425
City-St-Zip: SAN ANTONIO, TX 78216

Title: VPTD
Name: INGRAM, DR. STEVEN
Address: 7330 SAN PEDRO, SUITE 425
City-St-Zip: SAN ANTONIO, TX 78216

Title: CFO
Name: GILES, BILL
Address: 4100 SPRING VALLEY SUITE 600
City-St-Zip: DALLAS, TX 75244

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BILL GILES

CFO

04/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date