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(Re	equestor's Name)		
(Ad	dress)		
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. (Cit	ty/State/Zip/Phone	e #)	
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(Bu	ısiness Entity Nar	ne)	
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JUVISION OF CORPORATION

13 MAY 22 PH 2: 36

R.A.

MAY 2 3 2013

T. BROWN



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: May 20, 2013

Order#: 652470-008

Re: TELADOC PHYSICIANS, P.A.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, to organized under the laws of the State of Texas registered agent, or both, in the State of Florida.	his	
1. The name of t	he corporation: TELADOC PHYSIC	CIANS, P.A.		
2. The principal			<u> – </u>	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/28/2010	Document number: F10000004765		
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
	C T Corporation System			
1200 South Pine island Road				S
	Plantation, FL 33324		3 MAY	SION O
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	13 HAY 22 PH 2: 36	ARY OF STATE
	Corporation Service Company		Ń	STA OR A
	1201 Hays Street		36	NOIL LE
		x NOT acceptable		.7:
	Tallahassee, FL 32301			
The street addre as changed will	ss of its registered office and the sbe identical.	treet address of the business office of its registere	ed ager	nt,
Such change wa authorized by th		opted by its board of directors or by an officer so an notified in writing of the change.	ı	
Signatui	e of an officer or director	Dona Priebe, Vice President Printed or typed name and title		•
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered age o comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as regist O reflect a change in the registered office address fied in writing of this change.	tered s, I	
D	aftire of Registered Agent	May 15, 2013		_
	give of Registered Agent nalf of an entity:	Date		
Sylvia Queppet	·			
	ped or Printed Name			

* * * FILING FEE: \$35.00 * * *