

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000189221

Entity Name: MDLIVE PROVIDER SERVICES, LLC

Current Principal Place of Business:

3350 SW 148TH AVENUE
SUITE 300
MIRAMAR, FL 33027

Current Mailing Address:

3350 SW 148TH AVENUE
SUITE 300
MIRAMAR, FL 33027 US

FEI Number: 32-0471523

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MEMBER
Name MDLIVE, INC
Address 3350 SW 148TH AVENUE
SUITE 300
City-State-Zip: MIRAMAR FL 33027

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: ALICIA MORROW

SECRETARY

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date