2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2018
Secretary of State
CC9080431517

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Entity Name: MDLIVE PROVIDER SERVICES, LLC

Current Principal Place of Business:

13630 NW 8TH STREET
SUITE 205
SUNRISE, FL 33325

Current Mailing Address:

13630 NW 8TH STREET
SUITE 205
SUNRISE, FL 33325

FEI Number: 32-0471523

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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: THERESA LENNON 04/05/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER	Title	VP/SECRETARY
Name	MDLIVE, INC	Name	STONE, JUSTIN
Address	13630 NW 8TH STREET SUITE 205	Address	13630 NW 8TH STREET SUITE 205
City-State-Zip:	SUNRISE FL 33325	City-State-Zip:	SUNRISE FL 33325
Title	PRESIDENT	Title	CFO/TREASURER
Name	BERKOWITZ, MD, LYLE	Name	CASTEN, JASON
Address	13630 NW 8TH STREET SUITE 205	Address	13630 NW 8TH STREET SUITE 205
City-State-Zip:	SUNRISE FL 33325	City-State-Zip:	SUNRISE FL 33325

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: JUSTIN STONE VP/SECRETARY 04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date