

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004765

**Entity Name:** TELADOC PHYSICIANS, P.A.

**Current Principal Place of Business:**

4100 SPRING VALLEY  
SUITE 515  
DALLAS, TX 75244

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC7980862062**

**Current Mailing Address:**

4100 SPRING VALLEY  
SUITE 515  
DALLAS, TX 75244 US

**FEI Number:** 20-1020949

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title P, S, T, D  
Name HOWARD, TIMOTHY MITCHELL  
Address 4100 SPRING VALLEY  
SUITE 515  
City-State-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:** TIMOTHY MITCHELL HOWARD

**SECRETARY**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date