

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004765

**Entity Name:** TELADOC HEALTH MEDICAL GROUP, P.A.

**Current Principal Place of Business:**

1945 LAKEPOINTE DRIVE  
LEWISVILLE, TX 75057

**Current Mailing Address:**

1945 LAKEPOINTE DRIVE  
LEWISVILLE, TX 75057 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            DIRECTOR, PRESIDENT,  
                     SECRETARY, TREASURER  
Name            HOOD, KYON A.  
Address        1945 LAKEPOINTE DRIVE  
City-State-Zip: LEWISVILLE TX 75057

*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: KYON A. HOOD**

**SECRETARY**

**03/05/2024**

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

\_\_\_\_\_ Date