

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004765

Entity Name: TELADOC PHYSICIANS, 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 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

PRESIDENT

01/30/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date