

2019 FOREIGN PROFIT CORPORATION AMENDED 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, MEMBER
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

PRESIDENT

04/09/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date