

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005269

Entity Name: TELADOC HEALTH, INC.

Current Principal Place of Business:

2 MANHATTANVILLE ROAD
SUITE 203
PURCHASE, NY 10577

FILED
Mar 05, 2024
Secretary of State
7540876490CC

Current Mailing Address:

TAX DEPARTMENT
1945 LAKEPOINTE DR.
LEWISVILLE, TX 75057 US

FEI Number: 04-3705970

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SNOW, DAVID B JR.
Address 2 MANHATTANVILLE ROAD
SUITE 203
City-State-Zip: PURCHASE NY 10577

Title PRESIDENT, DIRECTOR
Name GOREVIC, JASON
Address 32 NORMAN DRIVE
City-State-Zip: RYE NY 10580

Title SECRETARY
Name VANDERVOORT, ADAM
Address 2 MANHATTANVILLE ROAD
SUITE 203
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR
Name FRIST, WILLIAM H MD
Address 2 MANHATTANVILLE ROAD
SUITE 203
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR
Name MCKINLEY, THOMAS G.
Address 2 MANHATTANVILLE ROAD
SUITE 203
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR
Name SMITH, MARK D.
Address 2 MANHATTANVILLE ROAD
SUITE 203
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR
Name PAULUS, KENNETH H.
Address 2 MANHATTANVILLE ROAD
SUITE 203
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR
Name JACOBSON, CATHERINE
Address 2 MANHATTANVILLE ROAD
SUITE 203
City-State-Zip: PURCHASE NY 10577

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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: JASON GOREVIC

PRESIDENT

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FENWICK, SANDRA L
Address 2 MANHATTANVILLE ROAD
SUITE 203
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR
Name SHEDLARZ, DAVID L
Address 2 MANHATTANVILLE ROAD
SUITE 203
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR
Name DANIEL, KAREN L
Address 2 MANHATTANVILLE ROAD
SUITE 203
City-State-Zip: PURCHASE NY 10577

Title TREASURER
Name MURPHY, MALA
Address 2 MANHATTANVILLE ROAD
SUITE 203
City-State-Zip: PURCHASE NY 10577