

2021 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

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

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

Title SECRETARY, CHIEF LEGAL OFFICER
Name VANDERVOORT, ADAM C.
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 GOLDSTEIN, MICHAEL
Address 2 MANHATTANVILLE ROAD, SUITE 203
City-State-Zip: PURCHASE NY 10577

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

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

Title DIRECTOR
Name MEAD, DANA
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

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title CFO
Name HIRSCHHORN, MARK
Address 8 AVON ROAD
City-State-Zip: LARCHMONT NY 10538

Title DIRECTOR
Name FELSENTHAL, MARTIN R.
Address 2 MANHATTANVILLE ROAD, SUITE 203
City-State-Zip: PURCHASE NY 10577