

**2022 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**  
**Apr 23, 2022**  
**Secretary of State**  
**6485377519CC**

**Current Mailing Address:**

1945 LAKEPOINTE DR.  
TAX DEPARTMENT  
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 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 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

**Continues on page 2**

*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**

**04/23/2022**

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