

F17000005086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

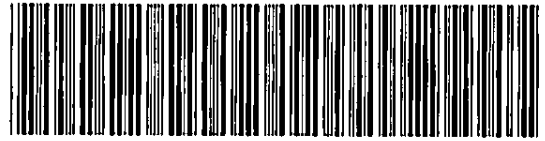
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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NOV 14 2017  
J. HARRIS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 895091 8002372

AUTHORIZATION

*[Handwritten Signature]*

COST LIMIT : \$ 887.50

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ORDER DATE : November 2, 2017

ORDER TIME : 3:53 PM

ORDER NO. : 895091-010

CUSTOMER NO: 8002372  
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FOREIGN FILINGS

NAME: DOCTOR ON DEMAND, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: \_\_\_\_\_



**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Doctor On Demand, Inc.

1. \_\_\_\_\_  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
 Delaware 46-1326978

2. \_\_\_\_\_ 3. \_\_\_\_\_  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)  
 October 26, 2012

4. \_\_\_\_\_ 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)  
 October 9, 2015

6. \_\_\_\_\_  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
 275 Battery Street, Suite 650 San Francisco CA 94111

7. \_\_\_\_\_  
 (Principal office address)

\_\_\_\_\_ (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Corporation Service Company

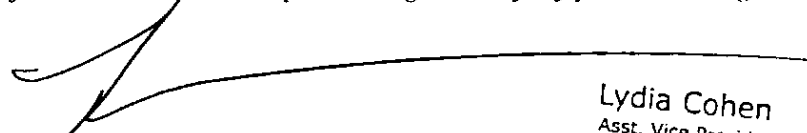
Name: \_\_\_\_\_  
 1201 Hays Street

Office Address: \_\_\_\_\_  
 Tallahassee 32301  
 \_\_\_\_\_, Florida \_\_\_\_\_  
 (City) (Zip code)

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 LIBRARY

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
 Lydia Cohen  
 Asst. Vice President  
 (Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction for the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Hill Ferguson

Chairman: \_\_\_\_\_  
275 Battery Street, Suite 650

Address: \_\_\_\_\_  
San Francisco, CA 94111

Director- Jay McGraw

Vice Chairman: \_\_\_\_\_  
275 Battery Street, Suite 650

Address: \_\_\_\_\_  
San Francisco, CA 94111

Tom Daschle

Director: \_\_\_\_\_  
275 Battery Street, Suite 650

Address: \_\_\_\_\_  
San Francisco, CA 94111

Bryan Roberts

Director: \_\_\_\_\_  
275 Battery Street, Suite 650

Address: \_\_\_\_\_  
San Francisco, CA 94111

**B. OFFICERS**

Hill Ferguson

President: \_\_\_\_\_  
275 Battery Street, Suite 650

Address: \_\_\_\_\_  
San Francisco, CA 94111

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Ross Friedberg

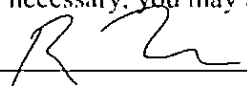
Secretary: \_\_\_\_\_  
275 Battery Street, Suite 650 San Francisco, CA 94111

Address: \_\_\_\_\_  
Matthew Scalo

Treasurer: \_\_\_\_\_  
275 Battery Street Suite 650 San Francisco, CA 94111

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

2.  \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ross Friedberg, Secretary, Doctor On Demand, Inc.

3. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

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STATE DEPARTMENT OF REVENUE

# Delaware

Page 1

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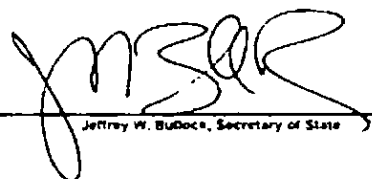
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOCTOR ON DEMAND, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOCTOR ON DEMAND, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



  
Jeffrey W. Bullock, Secretary of State

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SR# 20176904266

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203504299

Date: 11-02-17