

State of Idaho

Office of the Secretary of State

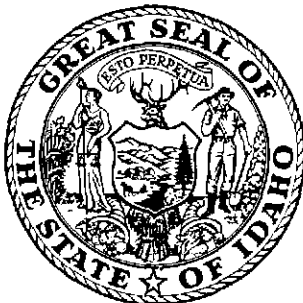
**CERTIFICATE OF REGISTRATION
OF
TELE-PHYSICIANS, P.C.**

File Number C 214002

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: June 12, 2017



Lawrence Denney
SECRETARY OF STATE

By *Don Hytten*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 JUN 12 PM 3:04

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Tele-Physicians, P.C.
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
- ☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Georgia
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
1768 Business Center Dr Ste 100, Reston, VA 20190-5359
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
None
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from Item 5, is:

(Address)
8. The name of the registered agent and street address of registered agent in Idaho:
C T Corporation System, 921 S Orchard Street, Suite G, Boise, Idaho 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor: SEE ATTACHMENT
Brantley Tilman Jolly, M.D., President, 1768 Business Center Dr Ste 100, Reston, VA 20190-5359

Brantley Tilman Jolly, M.D., Secretary, 1768 Business Center Dr Ste 100, Reston, VA 20190-5359
(Name) (Capacity) (Address)

Signature: _____

Typed Name: Brantley Tilman Jolly, M.D.

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

06/12/2017 05:00

CK:PREPAID CT:278665 BH:1588460
1@ 100.00 = 100.00 FOR REG ST #2
1@ 20.00 = 20.00 EXPEDITE C #3

C214002

1	Full Name:	Hai Tran
	Officer/Director:	Officer
	Officer's Title:	CFO
	Business Address:	1768 Business Center Dr Ste 100
	City:	Reston
	State:	VA
	ZIP Code:	20190-5359
2	Full Name:	Brantley Tilman Jolly M.D.
	Officer/Director:	Director
	Officer's Title:	
	Business Address:	1768 Business Center Dr Ste 100
	City:	Reston
	State:	VA
	ZIP Code:	20190-5359

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

TELE-PHYSICIANS, P.C.

a Domestic Professional Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 14699168
Date Inc/Auth/Filed	: 09/10/2009
Jurisdiction	: Georgia
Print Date	: 06/10/2017
Form Number	: 211



B: P. Kemp

Brian P. Kemp
Secretary of State