

<p>1.) CORPORATION NAME: <b>Online Care Network II P.C.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER 16TH FL 1111 E MAIN ST  RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>CA</b></p>	<p>DUE DATE: <b>6/30/2014</b></p> <p>SCC ID NO: <b>F1930629</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 75 STATE STREET  
26TH FLOOR

CITY/ST/ZIP: BOSTON, MA 02109

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: PETER M ANTALL MD</p> <p>TITLE: P/T/S</p> <p>ADDRESS: C/O AMERICAN WELL CORP. 75 STATE STREET, 26TH FLOOR</p> <p>CITY/ST/ZIP/CO: BOSTON, MA 02109</p>	<p style="text-align: center;"><input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR</p>
--	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PETER M ANTALL MD	PETER M ANTALL MD, P/T/S	8/5/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.