



State of Rhode Island  
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Corporation  
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is CATC MEDSTAFF, P.C.

SECTION II

It is incorporated under the laws of State: OK Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**

(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 9/28/2006

and the period of its duration is  Perpetual

SECTION V

The location of its principal office is

No. and Street: 4500 S 129TH E AVE  
STE 191

City or Town: TULSA State: OK Zip: 74134 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL PKWY  
SUITE 7A

City or Town: EAST PROVIDENCE State: RI Zip: 02914

and the name of its proposed registered agent in Rhode Island at that address is C T CORPORATION SYSTEM

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

PROVIDE MEDICAL CARE IN CLINICS OPERATED BY CAREATC, INC.

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or

country of which it is incorporated).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
AUTHORIZED SIGNER	JERRY TURNER	4500 S 129TH E AVE STE 191 TULSA, OK 74134 USA
DIRECTOR	JULIE DOWNEY	4500 S 129TH E AVE STE 191 TULSA, OK 74134 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
AUTHORIZED SIGNER	JERRY TURNER	4500 S 129TH E AVE STE 191 TULSA, OK 74134 USA
DIRECTOR	JULIE DOWNEY	4500 S 129TH E AVE STE 191 TULSA, OK 74134 USA

#### SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP		COMMO	\$0.0100	5,000,000.00

**Signed this 8 Day of November, 2023 at 6:58:29 PM by the officers(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By JERRY TURNER  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING**  
**DOMESTIC FOR PROFIT CORPORATION PROFESSIONAL**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that CATC MEDSTAFF, P.C. whose registered agent is C T CORPORATION SYSTEM, with its registered office at 1833 SOUTH MORGAN ROAD OKLAHOMA CITY 73128 USA Oklahoma is a Domestic For Profit Corporation Professional duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 29th, day of September, 2023.*

*Secretary Of State*



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

November 08, 2023 06:55 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

