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State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 JUL 24 PM 12:09

## Application for Certificate of Authority

### FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
<b>Atos Digital Health Solutions, Inc.</b>		
2. It is incorporated under the laws of: <b>Delaware</b>		
3. The name, if different, which it elects to use in Rhode Island is:		
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:		
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: <b>11/04/1999</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is:		
<b>2500 Westchester Avenue, Purchase, NY 10577</b>		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name <b>Corporation Service Company</b>		
Street Address (NOT a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>

**MAIL TO:**

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED****JUL 24 2018**

BY 335499

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

**Healthcare Technology Services**

8. (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):

NAME	ADDRESS
Patrick Adiba	2500 Westchester Avenue, Purchase, NY 10577
Chad Harris	2500 Westchester Avenue, Purchase, NY 10577
Hans Georg Reichl	2500 Westchester Avenue, Purchase, NY 10577

Check the box to indicate an attachment ☐

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT	See attached document.	
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☒

9. 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:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	common		0.01

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

.001 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

Faylazz Chaudhri, Sr. VP, General Counsel and Secretary

Date

04-02-2018

Signature of Authorized Officer of the Corporation

DocuSigned by:  
SIGN: Faylazz Chaudhri  
C7B6676D5102456

DIRECTOR	PATRICK ADIBA	2500 WESTCHESTER AVENUE SUITE 300	PURCHASE	NY	USA	10577
DIRECTOR	HANS GEORG REICHL	2500 WESTCHESTER AVENUE SUITE 300	PURCHASE	NY	USA	10577
SECRETARY	FAYIAZ CHAUDHRI	2500 WESTCHESTER AVENUE SUITE 300	PURCHASE	NY	USA	10577
PRESIDENT	CHAD HARRIS	2500 WESTCHESTER AVENUE SUITE 300	PURCHASE	NY	USA	10577
DIRECTOR	CHAD HARRIS	2500 WESTCHESTER AVENUE SUITE 300	PURCHASE	NY	USA	10577
TREASURER	HANS GEORG REICHL	2500 WESTCHESTER AVENUE SUITE 300	PURCHASE	NY	USA	10577

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATOS DIGITAL HEALTH SOLUTIONS, 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 ELEVENTH DAY OF JUNE, A.D. 2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATOS DIGITAL HEALTH SOLUTIONS, INC." WAS INCORPORATED ON THE FOURTH DAY OF NOVEMBER, A.D. 1999.

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

1



3109748 8300

SR# 20185084718

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202859667

Date: 06-11-18



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, 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:

July 24, 2018 12:09 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

