

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, 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:

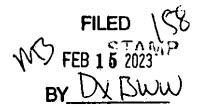
1. The name of the corporation is:					
Hicuity Health, Inc.					
2. It is incorporated under the laws of: Delaware					
3. The name, if different, which it elects to use in Rho	ode Island is:				
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "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: 01/10/2006					
And the period of its duration is: CHECK ONE BOX ONLY X Perpetual (on-going)					
Date certain for dissolution	·				
5. The address of its principal office is:					
1 CityPlace Dr., Suite 570, St. Louis, MO 63141					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name C T Corporation System					
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code ₀₂₉₁₄			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



		ursue in the transaction	on of business in Rhode Island are:	
Manages and Provides Tel	emedical Services			
8. (a) The names and restate or country of which		directors (optional, unl	less directors are required under the laws of the	
NAME			ADDRESS	
"See Attached"				
			Check the box to indicate an attachment X	
	espective addresses of its p f which it is incorporated):	orincipal officers (man	datory if directors are not required under the laws	
OFFICE	NAME		ADDRESS	
PRESIDENT	Lou Silverman	1 CityPlac	ce Dr., Suite 570, St. Louis, MO 63141	
VICE PRESIDENT				
TREASURER	Andrea Clegg	1 CityPla	1 CityPlace Dr., Suite 570, St. Louis, MO 63141	
SECRETARY	Andrea Clegg	1 CityPlac	ce Dr., Suite 570, St. Louis, MO 63141	
			Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if		uthority to issue; itemi	ized by classes, par value of shares, shares without	
NUMBÉR OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
See attached				
			·	
located within this state		ears to the value of a	value of the property of the corporation to be all property of the corporation to be owned during worksheet.)	
0.6 %	1		•	
at or from places of bus	siness in Rhode Island during pration during the following	ng the following year o	nt of business to be transacted by the corporation compared to the gross amount thereof which will be age obtained from worksheet.)	
76) 			

List of Directors

Lou Silverman 1 CityPlace Dr., Suite 570, St. Louis, MO 63141
Barbara Lubash 1 CityPlace Dr., Suite 570, St. Louis, MO 63141
Michael Mikolajcyk 1 CityPlace Dr., Suite 570, St. Louis, MO 63141
Tim Peterson 1 CityPlace Dr., Suite 570, St. Louis, MO 63141
John Reardon 1 CityPlace Dr., Suite 570, St. Louis, MO 63141
Dave Schopp 1 CityPlace Dr., Suite 570, St. Louis, MO 63141

Share Information

Class S	Series	Par Value	Number	Number Issued
			Authorized	
Common		\$.01	35,300,000	10,195,259
Preferred	Α	\$.01	6,339,242	6,339,242
Preferred	В	\$.01	5,614,823	5,614,823
Preferred	c	\$.01	2,020,202	2,020,202
Preferred	D	\$.01	6,194,827	6,194,827
Preferred	E	\$.01	3,764,630	3,764,630

12. This application must be accompanied by a <u>Certificate of Goo</u> formation dated within 60 days of the date of this filing.	od Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHEC	K ONE BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fro	m the date of filing)
Under penalty of perjury, I declare and affirm that I have examine accompanying attachments, and that all statements contained be	· · · · · · · · · · · · · · · · · · ·
Type or Print Name of Authorized Officer	Date
Andrea Clegg	9/20/2022
Signature of Authorized Officer of the Corporation	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HICUITY HEALTH, 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 FOURTEENTH DAY OF FEBRUARY, A.D.

2023.

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

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

Authentication: 202713964

Date: 02-14-23

RI SOS Filing Number: 202328500060 Date: 2/15/2023 1:58:00 PM



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:

February 15, 2023 01:58 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

