



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 ConcertoCare Medical Group of North Carolina, PC

SECTION II

It is incorporated under the laws of State: NC 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 6/11/2021

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 345 PARK AVENUE S.

City or Town: NEW YORK State: NY Zip: 10010 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD.

City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is COGNECY GLOBAL INC.

SECTION VII

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

PHYSICIAN PRIMARY CARE SERVICES

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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JULIAN HARRIS MD MBA	811 MAIN STREET, 7TH FLOOR, ATTN: LBX 801280 KANSAS CITY, MO 64105 USA
TREASURER	DINESH GANESAN	811 MAIN STREET, 7TH FLOOR, ATTN: LBX 801280 KANSAS CITY, MO 64105 USA
SECRETARY	JENNIFER BRYANT	811 MAIN STREET, 7TH FLOOR, ATTN: LBX 801280 KANSAS CITY, MO 64105 USA
DIRECTOR	TIMOTHY PURI MD	811 MAIN STREET, 7TH FLOOR, ATTN: LBX 801280 KANSAS CITY, MO 64105 USA
DIRECTOR	LONI BELYEVA MD MBA	811 MAIN STREET, 7TH FLOOR, ATTN: LBX 801280 KANSAS CITY, MO 64105 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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JULIAN HARRIS MD MBA	811 MAIN STREET, 7TH FLOOR, ATTN: LBX 801280 KANSAS CITY, MO 64105 USA
TREASURER	DINESH GANESAN	811 MAIN STREET, 7TH FLOOR, ATTN: LBX 801280 KANSAS CITY, MO 64105 USA
SECRETARY	JENNIFER BRYANT	811 MAIN STREET, 7TH FLOOR, ATTN: LBX 801280 KANSAS CITY, MO 64105 USA
DIRECTOR	TIMOTHY PURI MD	811 MAIN STREET, 7TH FLOOR, ATTN: LBX 801280 KANSAS CITY, MO 64105 USA
DIRECTOR	LONI BELYEVA MD MBA	811 MAIN STREET, 7TH FLOOR, ATTN: LBX 801280 KANSAS CITY, MO 64105 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			\$0.0100	100,000.00

Signed this 3 Day of March, 2023 at 6:44:53 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 JENNIFER BRYANT

Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL CORPORATION)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CONCERTOCARE MEDICAL GROUP OF NORTH CAROLINA, PC

is a professional corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 11th day of June, 2021, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that the said corporation's certificate of registration is not suspended or revoked by their licensing board; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of March, 2023.

Elaine F. Marshall

Secretary of State



Scan to verify online.



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:

March 03, 2023 06:43 PM

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

Gregg M. Amore
Secretary of State

