State of Rhode Island
Department of State - Business Services Division

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2023 MAR 16 P 12:19
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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:

Sword Health Care Providers, P.A.

2. It is incorporated under the laws of: Florida

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:

Sword Health Care Providers Inc., P.A., Inc.

(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: 10/16/2020

And the period of its duration is: **CHECK ONE BOX ONLY**

☑ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

13937 Sprague Lane Suite 100 Draper UT 84020

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name: CORPORATION SERVICE COMPANY

Street Address (NOT a P.O. Box): 222 Jefferson Boulevard Suite 200

City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888

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

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FORM 150 - Revised: 12/2021

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

See attached.

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

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	Megan Hill	13937 Sprague Lane Suite 100 Draper UT 84020
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.)*

0.1235 %

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	Date
Megan Hill, President	3/13/2023

Signature of Authorized Officer of the Corporation

DocuSigned by:
Megan Hill

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Professional/Business Services:

SWORD Health allows patients to perform their therapy at home, maximizing engagement and delivering superior clinical outcomes. We combine our Digital Therapist with real Physical Therapists and our Clinical team to deliver the future of best practice treatment in Musculoskeletal Disorders. This is what makes us the most effective way to treat Musculoskeletal Disorders.

Owns and operates a professional physical therapy practice and provides telehealth-based professional healthcare services to the public through individual physical therapist and healthcare professionals who are licensed to practice in the State of Florida.

The purpose of the Corporation is to engage in the profession of physical therapy through its duly licensed officers, employees, and agents, perform all activities appropriate to the rendition of such services and own property and invest its funds as authorized by applicable Florida law.

State of Florida
Department of State

I certify from the records of this office that SWORD HEALTH CARE PROVIDERS, P.A. is a corporation organized under the laws of the State of Florida, filed on October 16, 2020.

The document number of this corporation is P20000080937.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on March 8, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifteenth day of March, 2023

Secretary of State

Tracking Number: 9424965351CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

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 16, 2023 12:19 PM

Gregg M. Amore
Secretary of State