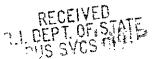


Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



2024 JAN -4 P. 1:28

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:

Internal Med Holdco, Inc.

2. It is incorporated under the laws of:

Delaware

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: 12/19/2023

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:

1150 Reservoir Avenue Suite 201 Cranston, RI 02920

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

RHODE ISLAND

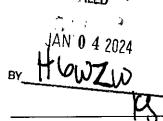
State

FILED

28

Zip Code

02914



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

MAIL TO:

7. The purpose or purpo	oses which it proposes	s to pursue in the	e transaction of	business in Rhode Island are:	
Holding Company					
8 (a) The names and r	espective addresses o	f its directors (or	otional unless of	directors are required under the laws of the	
state or country of whic	•				
NAME		ADDRESS			
	11.50 1	1150 Reconceire Autorite 201 Cronston RI 02020			
Robert Bierwirth	1150 B	1150 Reservoir Avenue Suite 201 Cranston, RI 02920			
		····			
	_			Check the box to indicate an attachment	
8 (b) The names and r	espective addresses o	f its principal off	icers (mandato	ry if directors are not required under the laws	
of the state or country of	•	•			
OFFICE	NAME		ADDRESS		
PRESIDENT	Dahart Diam-inth		1150 Decembra Augure Swite 201 Cremeter, BL 02020		
	Robert Bierwirth		1150 Reservoir Avenue Suite 201 Cranston, RI 02920		
VICE PRESIDENT					
TREASURER					
SEODETADY					
SECRETARY Robert Bierwirth			1150 Reservoir Avenue Suite 201 Cranston, RI 02920		
· · · · · · · · · · · · · · · · · · ·	1		1	Check the box to indicate an attachment	
9. The aggregate numb	per of shares which it h	as authority to is	ssue; itemized t	by classes, par value of shares, shares without	
par value, and series, il					
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
100	Common			no par value	
		a artian that the c	atimated value	of the property of the corporation to be	
TO. An estimate, as a p located within this state	ercentage, of the prop during the following v	ear bears to the	value of all pro	of the property of the corporation to be perty of the corporation to be owned during	
the following year, whe					
0					
%	D				
11 An octimato as a r	ercentage of the pro	portion of the or	oss amount of l	ousiness to be transacted by the corporation	
at or from places of bus	siness in Rhode Island	during the follow	wing year comp	pared to the gross amount thereof which will be	
transacted by the corpo	pration during the follow	wing year. (Note	: Percentage ol	btained from worksheet.)	
0 0/	2				
%	0				

13. Date when the Certificate of Authority will be effective: CHECK ONE B	OX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the dat	e of filing)
14. Under penalty of perjury, I declare and affirm that I have examined this any accompanying attachments, and that all statements contained herein	
Type or Print Name of Authorized Officer	Date
Robert Bierwirth	1/3/2024
Signature of Authorized Officer of the Corporation	
Robert J, Bierwirth, MD	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERNAL MED HOLDCO, 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 THIRD DAY OF JANUARY, A.D. 2024.

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



Jeffrey W. Bullock, Secretary of State

Authentication: 202516202 Date: 01-03-24

Page 1

2792931 8300 SR# 20240022059

You may verify this certificate online at corp.delaware.gov/authver.shtml

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:

January 04, 2024 01:28 PM

Treng M. Course

Gregg M. Amore Secretary of State

