



State of Rhode Island  
Department of State - Business Services Division

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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: <b>OSI Medical Services, P.A.</b>		
2. It is incorporated under the laws of: <b>Florida</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>OSI Medical Services, P.C.</b> (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>02/06/2024</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>433 Plaza Real, Suite 275, Boca Raton, FL 33432</b>		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name <b>C T Corporation System</b> Street Address ( <u>NOT</u> a P.O. Box) <b>450 Veterans Memorial Parkway, Suite 7A</b> City/Town <b>East Providence</b> State <b>RHODE ISLAND</b> Zip Code <b>02914</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)

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

medical 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
HENRY BRADFORD	433 Plaza Real, Suite 275, Boca Raton, FL 33432

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	Henry Bradford	433 Plaza Real, Suite 275, Boca Raton, FL 3343
VICE PRESIDENT		
TREASURER	Henry Bradford	433 Plaza Real, Suite 275, Boca Raton, FL 3343
SECRETARY	Peter Gillooly	433 Plaza Real, Suite 275, Boca Raton, FL 3343

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
200	COMMON		0.0001

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.)

1 %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
14. <i>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.</i>	
Type or Print Name of Authorized Officer	Date
Henry Bradford, President	8/14/2024
Signature of Authorized Officer of the Corporation	
Signed by:  913FD0CEA4B4B6	

# *State of Florida*

## *Department of State*

I certify from the records of this office that OSI MEDICAL SERVICES, P.A. is a corporation organized under the laws of the State of Florida, filed on February 8, 2024, effective February 6, 2024.

The document number of this corporation is P24000011012.

I further certify that said corporation has paid all fees due this office through December 31, 2024 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 Twentieth day of December,  
2024*



A handwritten signature in black ink, appearing to be "J. B. J.", written over a horizontal line.

*Secretary of State*

Tracking Number: 7475161382CU

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

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