



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
USE ONLY

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 001759327	2. The name of the corporation is: MDI Medical Group, PC
3. The document to be corrected is: Application for Certificate of Authority	4. The date the document being corrected was originally filed: 06/22/2023
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: The par value of the authorized and issued shares is incorrect. Check the box to indicate an attachment ☐	
6. The new corrected portion of the document states as follows: The par value per authorized share is \$0.0001. Check the box to indicate an attachment ☐	
7. The corrected document MUST be attached to this certificate.	
8. As required by RIGL <u>7-1.2-105</u> , the entity has paid all fees and taxes.	

MAIL TO:

Division of Business Services

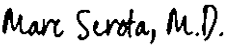
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 03 2025 STAMP
BY TKTX7
940
FOR
SECRETARY OF STATE
USE ONLY

9. Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Officer of the Corporation	Date
Marcjonathan Serota, M.D.	1/31/2025 2:16:57 PM PST
Signature of Authorized Officer of the Corporation	
DocuSigned by:  MARC SEROTA, M.D.	

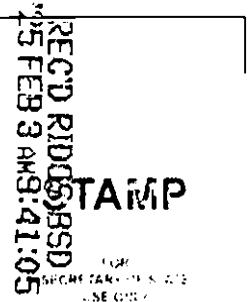


**State of Rhode Island
Department of State - Business Services Division**

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: MDI Medical Group, PC					
2. It is incorporated under the laws of Virginia					
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: 4/26/2023 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 447 Rose Lane, Rockville Centre, NY 11570					
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Incorp Services, Inc. Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City/Town Warwick</td> <td style="width: 33%;">State RHODE ISLAND</td> <td style="width: 33%;">Zip Code 02888</td> </tr> </table>			City/Town Warwick	State RHODE ISLAND	Zip Code 02888
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 BY _____
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Medicine and any other lawful activity

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
Marc Serota	447 Rose Lane, Rockville Centre, NY 11570

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	Marc Serota	447 Rose Lane, Rockville Centre, NY 11570
VICE PRESIDENT	Marc Serota	447 Rose Lane, Rockville Centre, NY 11570
TREASURER	Marc Serota	447 Rose Lane, Rockville Centre, NY 11570
SECRETARY	Marc Serota	447 Rose Lane, Rockville Centre, NY 11570

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
100	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.)

0 %

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: CHECK ONE BOX ONLY	
☒ Date received (Upon filing)	
☐ 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
Marc Serota	1/31/2025 2:16:57 PM PST
Signature of Authorized Officer of the Corporation	
DocuSigned by: Marc Serota, M.D.	



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:

February 03, 2025 09:40 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

