



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGE BSD
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Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Signify Health Medical Associates, PLLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No ☒		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
Signify Health Medical Associates, LLC		
2. The LLC is organized under the laws of: Florida		
3. The date of its organization is: 01/15/2019		
And the period of its duration is: CHECK ONE BOX ONLY		
☒ Perpetual (on-going)		
Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Healthcare Services		
Check the box to indicate an attachment		

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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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

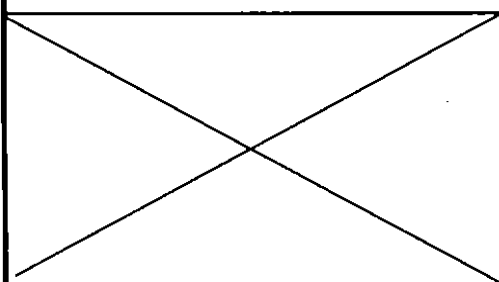
4055 Valley View Lane, Ste. 700, Dallas, TX 75244

8. The mailing address for the limited liability company is:

1 CVS Drive, Woonsocket, RI 02895

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

☒ Members (Owners) **OR** Manager(s). Complete the chart below.
DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS

Check the box to indicate an attachment

10. 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 filing.

11. Date when this application for Certificate of Registration 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 Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

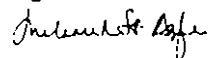
Type or Print Name of LLC

Signify Health Medical Associates, LLC

Date

02/10/2025

Signature of Authorized Person



State of Florida



Department of State

I certify from the records of this office that SIGNIFY HEALTH MEDICAL ASSOCIATES, LLC, is a limited liability company organized under the laws of the State of Florida, filed on January 8, 2025, effective January 15, 2019.

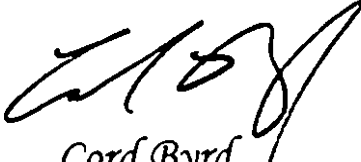
The document number of this company is L25000009281.

I further certify that said company has paid all fees due this office through December 31, 2025, and its status is active.



Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighteenth day of February, 2025




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Secretary of State