



State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation**Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION IThe name of the corporation is VitalCare Health Services, P.C.**SECTION II**It is incorporated under the laws of State: UT Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IVThe date of its incorporation is 11/18/2024and the period of its duration is ☒ Perpetual ☐**SECTION V**

The location of its principal office is

No. and Street: 3742 W 2150 N # 150City or Town: LEHI State: UT Zip: 84043 Country: USA**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE STE 2City or Town: BARRINGTON State: RI Zip: 02806and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC**SECTION VII**

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

HEALTHCARE, TELEHEALTH**SECTION VIII**

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DR DAVID MORRIS	3742 W 2150 N # 150 LEHI, UT 84043 USA
TREASURER	DR DAVID MORRIS	3742 W 2150 N # 150 LEHI, UT 84043 USA
SECRETARY	DR DAVID MORRIS	3742 W 2150 N # 150 LEHI, UT 84043 USA
DIRECTOR	DR DAVID MORRIS	3742 W 2150 N # 150 LEHI, UT 84043 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DR DAVID MORRIS	3742 W 2150 N # 150 LEHI, UT 84043 USA
TREASURER	DR DAVID MORRIS	3742 W 2150 N # 150 LEHI, UT 84043 USA
SECRETARY	DR DAVID MORRIS	3742 W 2150 N # 150 LEHI, UT 84043 USA
DIRECTOR	DR DAVID MORRIS	3742 W 2150 N # 150 LEHI, UT 84043 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP		NONE	\$0.0000	1,000.00

Signed this 8 Day of May, 2025 at 2:25:27 PM by the officers(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By DR. DAVID MORRIS
Signature of Authorized Officer of the Corporation

CERTIFICATE OF EXISTENCE

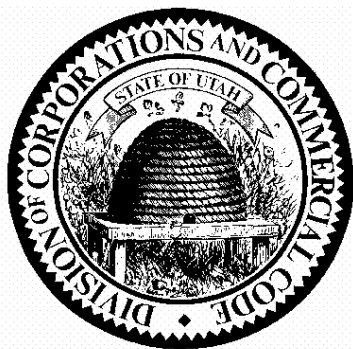
Registration Number: 14512603-0144
Business Name: VITALCARE HEALTH SERVICES, P.C.

April 29, 2025

CERTIFICATE OF EXISTENCE

Registration Number: 14512603-0144
Business Name: VITALCARE HEALTH SERVICES, P.C.
Principal Office Address: N/A
Registered Date: 11/18/2024
Entity Type: DOMESTIC BUSINESS CORPORATION
Current Status: ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.



Adam Watson

Adam Watson

Director

Division of Corporations and Commercial Code

Certificate Number: 202504291331530

Enter the certificate number at <https://businessregistration.utah.gov/> to verify this certification.



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:

May 08, 2025 02:24 PM

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

Gregg M. Amore
Secretary of State

