



**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 I

The name of the corporation is Anesthesia OnCall, Inc.

SECTION II

It is incorporated under the laws of State: DE 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 IV

The date of its incorporation is 4/7/2022

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 12222 MERIT DRIVE, SUITE 700

City or Town: DALLAS

State: TX

Zip: 75251

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

SECTION VII

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

AN ANESTHESIA ONLY STAFFING COMPANY WHERE WE CONNECT THIRD PARTY ANESTHESIA PROFESSIONALS (PHYSICIANS, CERTIFIED REGISTERED NURSE ANESTHETISTS, ANESTHESIOLOGIST ASSISTANTS AND CERTIFIED ANESTHESIOLOGIST ASSISTANTS) WITH SURGICAL PROVIDERS (HOSPITALS, AMBULATORY SURGERY CENTERS, ETC.).

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
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PRESIDENT	LEN WRIGHT	12222 MERIT DRIVE, SUITE 700 DALLAS, TX 75251 USA
TREASURER	JAMES GRIMES	12222 MERIT DRIVE, SUITE 700 DALLAS, TX 75251 USA
SECRETARY	PAUL ADAMS	12222 MERIT DRIVE, SUITE 700 DALLAS, TX 75251 USA
ASSISTANT TREASURER	MAKENZIE LAYNE	12222 MERIT DRIVE, SUITE 700 DALLAS, TX 75251 USA
DIRECTOR	LEN WRIGHT	12222 MERIT DRIVE, SUITE 700 DALLAS, TX 75251 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	LEN WRIGHT	12222 MERIT DRIVE, SUITE 700 DALLAS, TX 75251 USA
TREASURER	JAMES GRIMES	12222 MERIT DRIVE, SUITE 700 DALLAS, TX 75251 USA
SECRETARY	PAUL ADAMS	12222 MERIT DRIVE, SUITE 700 DALLAS, TX 75251 USA
ASSISTANT TREASURER	MAKENZIE LAYNE	12222 MERIT DRIVE, SUITE 700 DALLAS, TX 75251 USA
DIRECTOR	LEN WRIGHT	12222 MERIT DRIVE, SUITE 700 DALLAS, TX 75251 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>	
CWP			\$0.0010	1,000.00

Signed this 19 Day of May, 2025 at 10:17:24 AM 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 LEN WRIGHT
Signature of Authorized Officer of the Corporation

Delaware

The First State

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANESTHESIA ONCALL, 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 FOURTEENTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANESTHESIA ONCALL, INC." WAS INCORPORATED ON THE SEVENTH DAY OF APRIL, A.D. 2022.

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



6722331 8300

SR# 20252299645

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

A handwritten signature in cursive script, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203696605

Date: 05-14-25



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 19, 2025 10:16 AM

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

Gregg M. Amore
Secretary of State

