



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

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

Foreign Corporation

Application for Certificate of Withdrawal

(Section 7-1.2-1412 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Imagine Medical Group, P.A.

SECTION II

It is incorporated under the laws of
State: FL Country: USA

SECTION III

The corporation is not transacting business in this state and surrenders its authority to transact business in this state.

SECTION IV

It revokes the authority of its agent in this state to accept service of process. It confirms the authority of the Secretary of State of the State of Rhode Island to accept service of process with respect to claims for relief or causes of action arising out of the transaction of business in Rhode Island.

SECTION V

The post office address to which the Rhode Island Department of State may mail a copy of any service of process against the corporation that is served on the RI Department of State:

No. and Street: 228 PARK AVENUE S #36149

City or Town: NEW YORK

State: NY Zip: 10003 Country: USA

SECTION VI

The corporation certifies that it has no outstanding tax obligations. As required by RIGL 7-1.2-1413, the corporation has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]

SECTION VII

If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.

SECTION VIII

This Application for Certificate of Withdrawal 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

Signed this 4 Day of August, 2025 at 2:36:26 PM by an authorized officer of the corporation. *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 § 7-1.2*

By ADAM SASSO
Signature of Authorized Officer of the Corporation

Form No. 154
Revised 09/07

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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:

August 04, 2025 02:33 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.

Gregg M. Amore
Secretary of State

