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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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| TO: Registration Section Division of Corpora | | | | |
| SUBJECT: GRX Medical | Group (DE), P.A. | | | |
| 50b0EC1. | Name of corporation | - must include suffix | | |
| Dear Sir or Madam: | | | | |
| The enclosed "Application be "Certificate of Existence," of above referenced foreign co | r "Certificate of Good Stan | ding" and check are sub | oct Business in Florida," omitted to register the | |
| Please return all corresponde | ence concerning this matter | to the following: | | |
| Donovan Chin | | | | |
| | Name of I | Person | 200 | |
| GRX Medical Group (DE), P. | ١. | | | |
| | Firm/Com | | | |
| 3052 Orange Street | Time Com | pariy | — (==================================== | |
| | . 11 | | <u> </u> | |
| | Address Ty | | | |
| Miami, FL 33133 | | | | |
| | City/State ar | nd Zip code | • • | |
| grxmedicalaccounting@genius | rx.com | | | |
| E | -mail address: (to be used for | or future annual report r | notification) | |
| For further information conc | erning this matter, please ca | all: | | |
| Donovan Chin | at (³⁰⁵ | 785-9416 | | |
| Name of Person | Area Code | Daytime Telep | hone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Enclosed is a check for the for Please make check payable to: ☐ \$70.00 Filing Fee | FLORIDA DEPARTMENT | OF STATE \$78.75 Filing Fee & Certified Copy | □ \$87.50 Filing Fee, Certificate of Status & Certified Copy | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| | able in Florida, enter alternate corporate name ad 8 | | | | ioi ida j |
|--|---|---|----------------|---------|-----------|
| (State or countr | $\frac{3.}{\text{8}}$ y under the law of which it is incorporated) | (FEI number, if applicable) | | | |
| | | | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | | |
| has not transacted business in Florida | | | c.r | 25 | |
| | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) | Florida, if prior to registration) 2, F.S., to determine penalty lial | oility) | II KAR | (F) |
| 522 Banyan Trail | , Suite 614, Boca Raton, FL 33431 | | | 1 | g mines |
| same as above | (Principal office | street address) | mo mo mo | PH 2 | |
| , | (Current mailing | address, if different) | FAE | <u></u> | |
| Name and stree | et address of Florida registered agent: (P.O. | Box NOT acceptable) | | | |
| Name: | Donovan Chin | | | | |
| Office Address: | 3052 Orange Street | | | | |
| | Miami | , Florida 33133 (Zip code) | | | |
| | (City) | (Zip code) | | | |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

| A. DIRECTORS | • | | | | | |
|--|--------------------------------------|-----------------|--|--|--|--|
| □Chairman | Name: | □Chairman | Name: | | | |
| □Vice Chairman | Address: 622 Banyan Trail, Suite 614 | □Vice Chairman | Address: | | | |
| Director | Boca Raton, FL 33431 | Director | | | | |
| President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| ■ Secretary | Treasurer | □Secretary | □Treasurer | | | |
| □Other | □Other | □Other | Other | | | |
| □Chairman | Name: | □Chairman | Name: | | | |
| ☐ Director | | ☐ Director | | | | |
| | | □President | | | | |
| □ President □ Vice President | | □Vice President | 22 22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24 | | | |
| □Secretary | □Treasurer | □Secretary | □Treasurer | | | |
| □Other | | □Other | | | | |
| | | | 2: 13 2: 13 5 TATE E, FL | | | |
| □Chairman | Name: | □Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| □Director | | □Director | | | | |
| □President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| □Secretary | Treasurer | ☐ Secretary | □Treasurer | | | |
| □Other | □ Other | □Other | Other | | | |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Armua Report form 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of the state o | | | | | | |

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GRX MEDICAL GROUP (DE), P.A." 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 TWENTY-THIRD DAY OF FEBRUARY, A.D.

2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRX MEDICAL GROUP (DE), P.A." WAS INCORPORATED ON THE FIRST DAY OF DECEMBER, A.D. 2020.

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

SAME OF THE PARTY OF THE PARTY

Authentication: 202577562

Date: 02-23-21

4289933 8300 SR# 20210594623