

9/30/21, 6:37 AM

Division of Corporations

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To:

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845**FILED**
2021 SEP 30 AM 11:48
FLORIDA DEPT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FL

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
BLUE SPRIG PEDIATRICS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2021 SEP 30 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.*

BLUE SPRIG PEDIATRICS, INC.

1. _____
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 82-2465485
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8-9/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7500 SAN FELIPE ST., STE 990, HOUSTON, TX 77063
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

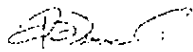
Office Address: 1200 South Pine Island Road

Plantation, 33324
(City) , Florida (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By: 

- Peter Trawinski, Assistant Secretary

(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

See attached for full list of Directors

Chairman Ali SatvatAddress: 7500 SAN FELIPE ST., STE. 990 HOUSTON, TX 77063

Vice Chairman _____

Address _____

Director: _____

Address _____

Director: _____

Address _____

B. OFFICERSPresident KEITH JONESAddress: 7500 SAN FELIPE ST., STE. 990 HOUSTON, TX 77063

Vice President _____

Address: _____

Secretary KEITH JONESAddress: 7500 SAN FELIPE ST., STE. 990 HOUSTON, TX 77063Treasurer KEITH JONESAddress: 7500 SAN FELIPE ST., STE. 990 HOUSTON, TX 77063

See attached for additional officers.

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.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 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.

13. Sharyn Kerr, Chief Administrative and Clinical Officer, Director

(Typed or printed name and capacity of person signing application)

Officers, Directors, Chairpersons of Blue Sprig Pediatrics, Inc.

✓ Chairman of the Board, Director – Ali Satvat
Address: 7500 San Felipe Street, Suite 990, Houston, TX 77063

✓ Director – Arjun Arora
Address: 7500 San Felipe Street, Suite 990, Houston, TX 77063

✓ Director – Chris Skomra
Address: 7500 San Felipe Street, Suite 990, Houston, TX 77063

✓ Director – Alex Ward
Address: 7500 San Felipe Street, Suite 990, Houston, TX 77063

✓ Director – Elizabeth Bierbower
Address: 7500 San Felipe Street, Suite 990, Houston, TX 77063

Chief Executive Officer, Director, President, Secretary– Keith Jones
Address: 7500 San Felipe Street, Suite 990, Houston, TX 77063

Chief Administrative and Clinical Officer, Director – Sharyn Kerr
Address: 7500 San Felipe Street, Suite 990, Houston, TX 77063

Chief Compliance Officer – Jill Jacobson
Address: 7500 San Felipe Street, Suite 990, Houston, TX 77063

Chief Financial Officer – Michael Annes
Address: 7500 San Felipe Street, Suite 990, Houston, TX 77063

Chief Accounting Officer – Lance Carlson
Address: 7500 San Felipe Street, Suite 990, Houston, TX 77063

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLUE SPRIG PEDIATRICS, 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 THIRTIETH DAY OF SEPTEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



6499327 8300

SR# 20213383223

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204288252

Date: 09-30-21