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		Division of C Fax Number	orporations : (850)617-6383						
	From:	Avenuet Name	. C. T. COODCDATION	רעל דרוו	5210012				
	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023								
			: (514)280-3338 : (954)208-0845		for future N				
	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**								
	- 1	1 Address:							
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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

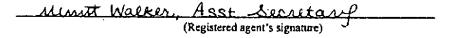
IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

I	MindCare Solutions Group, Inc.							
	corporation; must include "INCORPORATE Corp." "Inc." "Co." or "Corp.")	ED," "(	COMPANY," "CORPORATION,"					
	able in Florida, enter alternate corporate na	me ado	pted for the purpose of iransacting busi	ness in Flo	rida)			
Delaware 2.		3						
	ry under the law of which it is incorporated)		(FEI number, if applicable)					
7/26/2013								
4. Date	(Date of incorporation) 5. (Date of duration, if other than				-,			
	, , , , , , , , , , , , , , , , ,		(======================================					
6			····					
			orida, if prior to registration)  F.S., to determine penalty liability)					
5314 Maryland V	Way, Brentwood, TN 37027	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, to teromino pointly thooting)	•	2/21 007 2/2			
7		<del></del>	Arr.	<del> </del>	-2			
	(Pra	ncipal c	office address)					
					Pit 6:			
	(Current mailing address, if different)							
				~ ~	20			
8. Name and street	et address of Florida registered agent: (	P.O. <b>E</b>	ox NOT acceptable)		_			
Name:	COGENCY GLOBAL INC.	·	<del></del>					
Office Address:	115 North Calhoun Street, Suite 4		a					
	Tallahassee		32301 , Florida					
	(City)		(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 appnintment 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.

COGENCY GLOBAL INC.



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.

To: +18506176383 \* Page: 4 of 5 2021-10-22 09:50:14 CST 19542080845 From: Kaity Toon

DocuSign Envelope ID: 82731280-5038-4A1C-9EBC-5E0653446D25

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

	David Weiss, M.D.	
	5314 Mayland Way, Brentwood, TN 37027	
Address.		
Vice Chai	uman:	
Address		
	David Weiss, M.D	<del></del>
	5314 Maryland Way, Brentwood, TN 37027	
Address.		
Director:		
Address:		
		<del></del>
B. OFF	FICERS  David Weiss, M.D.	2521
	t	1330 (821
Address:		22
Vice Pres	sident:	<u> </u>
		~ ~
Secretary	V	
Address		
	r:	
NOTE: 12.	ttach an addendum to the application listing additional officers and/or di	rectors.
The officare true a third d	Signature of Director or Officer icer or director signing this document (and who is listed in number 11 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of Slegree felony as provided for in s.817.155, F.S. wid Weiss, M.D.	s stated herein State constitutes
•••	(Typed or printed name and capacity of person signing application)	

Page: 5 of 5



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MINDCARE SOLUTIONS GROUP, 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 TWENTY-FIRST DAY OF OCTOBER,

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.

2021 OCT 22 PM 6: 20

e at coro delaware Foy/au

Authentication: 204479790

Date: 10-21-21

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