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FOREIGN PROFIT/NONPROFIT CORPORATION

Dr. B Medical Group (DE), P.A., Corp.

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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.

	inie in Florida, enter atternate corporate name a	dopted for the purpose of transacting business in Florida)	
		87-4564484	
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)	
01/19/2022 5.		perpetual	
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in		
20 0-3- 3 6	(SEE SECTIONS 607.1501 & 607.150	J2. F.S., to determine penany naturny)	
.28 Park Ave 5,	#42690, New York, NY 10003		
	(Principal offic	te <u>street</u> address)	
	(Company and Mark	gaddress, if different)	
	(Cintent indinig	gadress, it different)	
	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name and street			
	InCorp Services, Inc.		
Name and stree	InCorp Services, Inc.		
	InCorp Services, Inc. 17888 67th Court North		
Name:	17888 67th Court North	Florida 33470	
Name:	17888 67th Court North	, Florida 33470	
Name: fice Address:	17888 67th Court North	Box NOT acceptable) Florida 33470 (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.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Foley & Lardner LLP

(((H22000069273 3)))

□ Chairman □ Vice Chairman ■ Director ■ President □ Vice President	Name: Alex Mohseni, M.D. 350C Fortune Terrace #227 Address: Potomac, MD 20854	☐ Chanman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President	NameAddress:			
Secretary	■Treastner	□ Secretary	☐Treas\uer			
Other	Other	□Оthеі	Other			
□Director	Name:	□Chainnan □Vice Chairman □Director □President □Vice President				
□ Secretary	☐Treasurer	□ Secretary	□Treastrer			
□Other	Other	∏Other	□Other			
□Director □President	Name:	□Chainnan □Vice Chairman □Director □President □Vice President	Name:Address			
Secretary	□Treasurer	Secretary	Treastner			
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 Annual 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 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 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.S17.155, F.S.

Alex Mohseni, M.D., President

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

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

DELAWARE, DO HEREBY CERTIFY "DR. B 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 EIGHTEENTH DAY OF FEBRUARY,

A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DR. B MEDICAL GROUP (DE), P.A." WAS INCORPORATED ON THE NINETEENTH DAY OF JANUARY, A.D. 2022.

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

Authentication: 202707498

Date: 02-18-22