

H230000306833

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 900-2290

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

Email Address: managedreports@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Healthcare Triangle, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthcare Triangle, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida" "Certificate of Existence" or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amanda Morehouse

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Morehouse on behalf of **InCorp Services, Inc.**

Name of Person

Area Code

800-246-2677

Daytime Telephone 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 following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee
Certificate of Status &
Certified Copy

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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:

1. Healthcare Triangle, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

2. Delaware 3. 84-3559776
 (State or country under the law of which it is incorporated) (EIN number, if applicable)

4. 01/01/2023 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

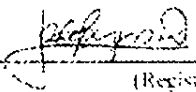
6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7901 Stoneridge Dr, Ste 220,, Pleasanton, CA 94588
 (Principal office street address)
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: InCorp Services, Inc.
 Office Address: 3458 Lakeshore Drive
Tallahassee Florida 32312
 (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 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.

 Isabel Burgos on behalf of InCorp Services, Inc.
 (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. For initial indexing purposes, list names, titles, and addresses of the primary officers and/or directors (up to six (6) total).

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A. DIRECTORS

☒ Chairman Name: Suresh Venkatachari

☐ Vice Chairman Address: _____

☒ Director 2827 E Cog Hill Terrace

☒ President Dublin, CA 94568

☐ Vice President _____

☒ Secretary ☐ Treasurer

☒ Other Chief Executive Officer ☐ Other _____

☐ Chairman Name: Lakshmanan Kannappan

☐ Vice Chairman Address: _____

☒ Director 1609 N Terracina Drive

☐ President Dublin, CA 94568

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Shibu Kizhakevilayil

☐ Vice Chairman Address: _____

☒ Director 3947 Alstead Ct

☐ President Dublin, CA 94568

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: John Leo

☐ Vice Chairman Address: _____

☒ Director 1100 Brickell Bay Drive, Apt 60F

☐ President Miami, FL 33131

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Dave Rosa

☐ Vice Chairman Address: _____

☒ Director 9705 Emerson Court

☐ President Eden Prairie, MN 55347

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Thyagarajan Ramachandran

☐ Vice Chairman Address: _____

☒ Director 7901 Stoneridge Dr, Ste 220

☐ President Pleasanton, CA 94588

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Financial Officer ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-stock and individuals may be added to the list when filing with the Florida Department of State Annual Report form.

12 [Signature] 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.

11 Thyagarajan Ramachandran, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHCARE TRIANGLE, 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-FOURTH DAY OF JANUARY, A.D. 2023.

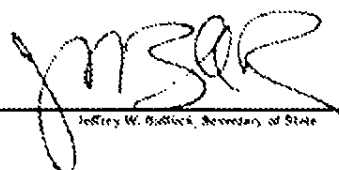
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHCARE TRIANGLE, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2020.

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

2023 FEB 14 PM 2:11




Jeffrey W. Bullock, Secretary of State

7949634 8300

SR# 20230236173

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

Authentication: 202560629

Date: 01-24-23

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