

F23000006322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

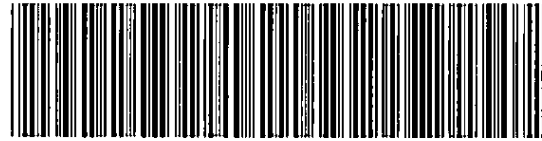
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DIRECTOR'S OFFICE
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOV 07 2023

K. Brumley

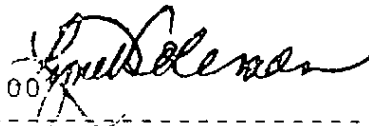
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 045872 8318000

AUTHORIZATION :

COST LIMIT : \$ 70.00



ORDER DATE : October 4, 2023

ORDER TIME : 12:54 PM

ORDER NO. : 045872-040

CUSTOMER NO: 8318000

FOREIGN FILINGS

NAME: COHERE HEALTH, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**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. Cohere Health, Inc.
(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. 84-2393515
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/09/2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 09/15/2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 239 Causeway Street, Suite 200 Boston, MA 02114
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

2023 NOV - 7 PM 5:53
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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.

Corporation Service Company
By: Alexis Weiland-Sanson, ACP
(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]:

A. DIRECTORS

☐ Chairman Name: Siva Namasivayam

☐ Vice Chairman Address: _____

☒ Director 239 Causeway Street, Suite 200

☒ President Boston, MA 02114

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: Kristen Carucci

☐ Vice Chairman Address: _____

☐ Director 239 Causeway Street, Suite 200

☐ President Boston, MA 02114

☐ Vice President _____

☒ Secretary ☐ Treasurer

☒ Other CFO ☐ Other _____

☐ Chairman Name: Melissa Binkley

☐ Vice Chairman Address: _____

☐ Director 239 Causeway Street, Suite 200

☐ President Boston, MA 02114

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other COO ☐ Other _____

☐ Chairman Name: Brian Covino

☐ Vice Chairman Address: _____

☐ Director 239 Causeway Street, Suite 200

☐ President Boston, MA 02114

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CMO ☐ Other _____

☐ Chairman Name: Krishna Kottapalli

☐ Vice Chairman Address: _____

☐ Director 239 Causeway Street, Suite 200

☐ President Boston, MA 02114

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CGO ☐ Other _____

☒ Chairman Name: Gary Gottlieb

☐ Vice Chairman Address: _____

☐ Director 239 Causeway Street, Suite 200

☐ President Boston, MA 02114

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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. Kristen Carucci
 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. Kristen Carucci (CFO & Secretary)
 (Typed or printed name and capacity of person signing application)

Cohere Health, Inc.
Officers and Directors
December 31, 2022

<u>Title</u>	<u>Name</u>	<u>Address</u>
Chief Executive Officer/President Director	Siva Namasivayam 239 Causeway Street, Suite 200 Boston, MA 02114	
Chief Financial Officer/Secretary	Kristen Carucci 239 Causeway Street, Suite 200 Boston, MA 02114	
Chief Operating Officer	Malissa Binkley 239 Causeway Street, Suite 200 Boston, MA 02114	
Chief Medical Officer	Brian Covino 239 Causeway Street, Suite 200 Boston, MA 02114	
Chief Technology Officer	Niall O'Connor 239 Causeway Street, Suite 200 Boston, MA 02114	
Chief Growth Officer	Krishna Kottapalli 239 Causeway Street, Suite 200 Boston, MA 02114	
General Counsel	Melinda Brown 239 Causeway Street, Suite 200 Boston, MA 02114	
Chairman of the Board	Gary Gottlieb 239 Causeway Street, Suite 200 Boston, MA 02114	
Director	Michael Greeley 239 Causeway Street, Suite 200 Boston, MA 02114	
Director	David Barrett 239 Causeway Street, Suite 200 Boston, MA 02114	
Director	Carrie Milby 239 Causeway Street, Suite 200 Boston, MA 02114	

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COHERE HEALTH, 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 OCTOBER, 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 "COHERE HEALTH, INC." WAS INCORPORATED ON THE NINTH DAY OF JULY, A.D. 2019.

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



7463831 8300

SR# 20233840811

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.

Authentication: 204473154

Date: 10-30-23