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To:

Division of Corporations

Fax Number : (850)617-6383

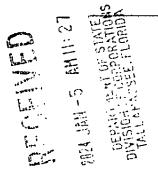
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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Email Address: kathryn.gevitz@bilh.org



## FOREIGN PROFIT/NONPROFIT CORPORATION NORTHEAST MEDICAL PRACTICE INC

| Certificate of Status | 0      |
|-----------------------|--------|
| Certified Copy        | 1      |
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JAN 0 5 2024 K. Brumbley



To:

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| Northeast Me                  |                       |  |  |                             |                      |                                    |
|-------------------------------|-----------------------|--|--|-----------------------------|----------------------|------------------------------------|
| mpoll in langu                | age as w              | nust include the word "IN iff clearly indicate that it if Company" or "Co." may  | is a corporation inste                 | raci of a natural nerson or | mai marchin it ant   | ons of like<br>so contained        |
| (If name unav                 | ailable in            | i Florida, enter alternate c   | orporate name adopt                    | ted for the purpose of tra  | nsacting business i  | n Florida)                         |
| Massachusett                  | s                     |  | 2 04-32                                | 201853                      |                      |                                    |
| (State or cou                 | ntry unde             | er the law of which it is in   | reorporated)                           | (FH number, i               | applicable)          |                                    |
| 08/09/1993                    |                       |  |  |                             |                      |                                    |
| (I.                           | ate of ir             | ncorporation)  | ······································ | (Date of duration, i        | tother than perpeta  | ial)                               |
| Data time count               |                       | airs in Florida if prior to re   |  |                             |                      | ····                               |
|                               |                       |  | gistration, wer section                | B 617.1591 & 617.1502,      | r.S. to determine pe | maliy habilite.)                   |
| 85 Herrick Str                | ect, Beve             | erly, MA 01915   |  |                             |                      |                                    |
|                               |                       | (  | Principal office <u>stre</u>           | et address)                 |                      |                                    |
| (A.) 7. dda t                 |                       | 5. 700 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 00100                                  |                             |                      |                                    |
| O Oniversity F                | coza, Su              | ite 700, Cambridge, MA (   | J2138                                  | s, it dillerent)            |                      |                                    |
|                               |                       | (Cii   | tient maning addres                    | s, i: different)            |                      |                                    |
|                               |                       |  |  |                             |                      |                                    |
| Primary Care                  |                       | on authorized in home sta  |  |                             |                      |                                    |
| Purpose(s) of o               | corporati             | on authorized in home sta  | ite or country to be c                 | carried out in the state of | Florida)             | ~ >                                |
| damo and eter                 | wt adde               | ess of Florida registered  | d apont: (D.O. Boy                     | VOT accountable)            | : •                  | FIL:<br>2023 JAN -5                |
| varie and <u>sur</u>          | et adan               | ess of Florida registered  | a agent. (F.A.), 1994                  | MOT acceptable)             |                      | دین<br>س                           |
|                               | C T Cor               | moration System  |  |                             | -                    | 33=                                |
| Name:                         |                       |  |  |                             | ·                    | · T =                              |
| fice Address:                 | 1200 Sc               | poration System  |  |                             |                      | ,                                  |
|                               | Plantatio             | on   | Flo                                    | orida 33324 (Zip Coo        |                      | €<br>Mi II: 3                      |
|                               |                       | (City)   |  | (Zip Coo                    | le)                  |                                    |
| ving been na<br>agnated in th | med as .<br>is applic | s acceptance:<br>registered agent and to<br>cation, I hereby accept<br>with the provisions of<br>and accept the obligati | the appointment of                     | as registered agent an      | d agrec to act in .  | m at the place<br>this capacity. T |
|                               |                       | C T Cornera  | ition System                           |                             |                      |                                    |
|                               |                       | C / Corpora  |  | $\sim -200$                 |                      |                                    |
|                               | Ву                    | SEAN L. EMERICK, ASSISTANT   | SECRETARY                              | Sz. Com                     | w.A.                 |                                    |

11. 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.

| 12. For initial inclotally: | lexing purposes, list names, titles and addresse | s of the primary off | icers a | nd/or directors (up to six (6) |
|-----------------------------|--|----------------------|---------|--------------------------------|
| A. DIRECTORS                |  |                      |         |                                |
| E)Chairman                  | Name:  | □ Chairman           | Name    | Cindy Rios                     |

|                  | Address:                                | □ Vice Chairman Address:    |
|------------------|---|-----------------------------|
| (i) Director     | \$5 Herrick St.                         | 20 University Rd. Suite 200 |
| Œ President      | Beverly, MA 01915                       | Cambridge, MA 02431         |
| √ Vice President |   | □Vice President             |
| Secretary        | Treasurer                               | D'Secretary E'Treasurer     |
| [Other:          | Ci Other:                               | Other: Other:               |
| TChairman        | Jamie Karz<br>Name:                     | □Chairman Name:             |
| ⊒Vice Chairman   | Address:                                |                             |
| ∄Director        | 20 University Rd. Suite 700             | II Director                 |
| □ President      | Cambridge, MA 02431                     | Il President                |
| ⊒Vice President  |   | ☐ Vice President            |
| B Secretary      | □Treasurer                              | □ Secretary □ Treusurer     |
| ]Other:          | Other:                                  | □Other: □Other:             |
| 2Chairman        | Name:                                   | □Chairman Name:             |
| Wice Chairman    | Addiess:                                |                             |
| Director         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _                           |
| President        |   | □President                  |
| EVice President  |   | □Vice President             |
| 2 Secretary      | ☐ Freasurer                             | [TSecretary LTFreasurer     |
| Other:           | Other:                                  | □Other:                     |

To: Page: 5 of 5 2024-01-05 06:05:07 PST 19548277645 From: Kaity Toon



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: December 29, 2023

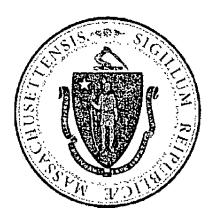
To Whom It May Concern:

I hereby certify that according to the records of this office.

## NORTHEAST MEDICAL PRACTICE INC.

is a domestic corporation organized on August 09, 1993

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws. Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Tranino Gallein

Certificate Number: 23120515030

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

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