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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JUN - 5 2024

T. LEMMON



Practice Management  
2100 Powell Street  
Suite 400  
Emeryville, CA 94608  
510.350.2600  
vituity.com

May 9, 2024

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RE: Application for Foreign Corporation Registration

Dear Agent:

Enclosed, please find the Application by Foreign Corporation for Authorization to Transact Business in Florida.

Please file the application and use the enclosed check in the amount of \$70 for the filing fee. Return the conformed copy by using the pre-paid shipment envelope enclosed.

Do not hesitate to contact me at (510) 694-0023 if you have any questions.

Yours Truly,

Rhona Bautista  
Corporate Services

Rhona.bautista@vituity.com  
Main: 510-350-2600  
Direct/Fax/Text: 510-899-9585

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Moov Medical Group, P.A.

\_\_\_\_\_  
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:

Rhona Bautista

\_\_\_\_\_  
Name of Person

Vituity

\_\_\_\_\_  
Firm/Company

2100 Powell Street, Suite 400 Legal Dept.

\_\_\_\_\_  
Address

Emeryville, CA 94608

\_\_\_\_\_  
City/State and Zip code

corporateentities@vituity.com

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

For further information concerning this matter, please call:

Rhona Bautista

at ( 510 ) 899-9585

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

**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. Moov Medical Group, P.A.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Moov Medical Group, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/1/2022 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. 2100 Powell Street, Suite 400, Emeryville, CA 94608  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln., Ste. A

Tallahassee, Florida 32308  
(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.*

Kristi Parlaten

(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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TALLAHASSEE, FL

**A. DIRECTORS**

☐ Chairman Name: Theophile Koury, MD  
☐ Vice Chairman Address: 2100 Powell Street, Suite 400  
☒ Director Emeryville, CA 94608  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: David Birdsall, MD  
☐ Vice Chairman Address: 2100 Powell Street, Suite 400  
☒ Director Emeryville, CA 94608  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

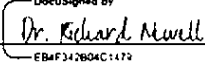
☐ Chairman Name: Richard Newell  
☐ Vice Chairman Address: 2100 Powell Street, Suite 400  
☒ Director Emeryville, CA 94608  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: Mitchell Cohen  
☐ Vice Chairman Address: 2100 Powell Street, Suite 400  
☐ Director Emeryville, CA 94608  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Natallia Westin  
☐ Vice Chairman Address: 2100 Powell Street, Suite 400  
☐ Director Emeryville, CA 94608  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ 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.  Signature of Director or Officer  
DocuSigned by  
EBMF347B04C1172

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. Richard Newell, MD  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MOOV MEDICAL GROUP, 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 SECOND DAY OF MAY, A.D. 2024.



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Jeffrey W. Bullock, Secretary of State

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