

F24000005446

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.

((H26000083901 3))



H260000839013ABCS

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)617-6380

From: Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

2026 FEB 25 PM 1:28

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CYTI PSYCHOLOGY OREGON PC - CO.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 11 |
| Estimated Charge | \$35.00 |

2026 FEB 25 PM 5:00

RECEIVED

cy 2/26/2026

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F24000005446

(Document number of corporation (if known))

1. CYTI PSYCHOLOGY OREGON PC - CO.

(Name of corporation as it appears on the records of the Department of State)

2. OREGON

(Incorporated under laws of)

3. 10/04/2024

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

5. CYTI HEALTH PROVIDERS PC - CO.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

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

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

UTAH

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

2025 FEB 25 PM 1:28

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Daniel Costa

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Daniel Costa

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE \$35.00

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certified Copy 380D510Z7

I, TOBIAS READ, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

That the attached

Document File

for

CYTI HEALTH PROVIDERS PC

is a true copy of the original document(s).

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.



TOBIAS READ, SECRETARY OF STATE

2/12/2026



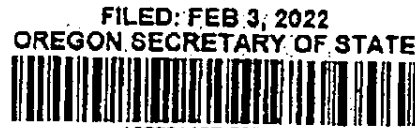
Articles of Incorporation - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

- BUSINESS CORPORATION (Complete Items 1, 2, 3)
- PROFESSIONAL CORPORATION (Complete all items)

REGISTRY NUMBER:

192591197



CYTI PSYCHOLOGY OREGON, P.C. NEWINC

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application must be released to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. NAME OF CORPORATION: CYTI PSYCHOLOGY OREGON, P.C.

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation", "Company", "Incorporated", or "Limited" or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation", or abbreviations thereof, i.e., "P.C.", or "Prof. Corp."

2. PRINCIPAL OFFICE: (Must be a physical street address)

19960 SW 112th Avenue, Tualatin, OR 97062

9. WHO IS FORMING THIS BUSINESS? (INCORPORATORS)

List names and addresses of each incorporator. Attach a separate sheet if necessary.

Linda Magaña

1000 Wilshire Boulevard, Suite 1500

Los Angeles, CA 90017

3. REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

Registered Agent Solutions, Inc.

4. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

(Must be an Oregon Street Address, which is identical to registered agent's office.)

8130 S.W. Beaverton-Hillsdale Highway

Portland, OR 97225

10. INITIAL PRESIDENT AND SECRETARY NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

INITIAL PRESIDENT (Name and Address)

Daniel Jungkelt Costa, M.D.

PO Box 220, Sherwood, OR 97140

5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

PO Box 220, Sherwood, OR 97140

11. INITIAL SECRETARY (Name and Address)

Daniel Costa, M.D.

PO Box 220, Sherwood, OR 97140

6. NUMBER OF SHARES: (At least one share must be listed.)

10,000

7. IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:

(PROFESSIONAL CORPORATION ONLY) ORS 58.015(5)(m) Medical Services

12. INDIVIDUAL WITH DIRECT KNOWLEDGE

List the name and address of at least one individual who is a director, or controlling shareholder of the corporation or an authorized representative with direct knowledge of the operations and business activities of the corporation.

Daniel Jungkelt Costa, M.D.

PO Box 220, Sherwood, OR 97140

8. OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)

- BENEFIT COMPANY: The Corporation is a benefit company subject to ORS 60.750 - 60.770. (additional requirements apply)
- INDEMNIFICATION: The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185 or 60.387 - 60.414.
- SEE ATTACHED

13. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Incorporator)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Linda Magaña

Printed Name:

Linda Magaña

Title:

Authorized Person

CONTACT NAME: (To resolve questions with this filing) PHONE NUMBER: (Include area code)

FEES

Required Processing Fee \$200

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.



Articles of Amendment - Business/Professional Corporation

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 386-2700

FILED: DEC 29, 2025
OREGON SECRETARY OF STATE



192591197-28618698

REGISTRY NUMBER: 1925911-97

In accordance with Oregon Revised Statutes 192.410-192.490, the information on this application is public. We must release this information to all parties upon request and it will be posted on our website.

CYTI HEALTH PROVIDERS PC

AMDART

Please Type or Print Legibly in Black Ink. Attach Additional Sheets if Necessary.

1. ENTITY NAME: Cyti Psychology Oregon PC

2. THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF INCORPORATION IS MADE HEREBY: State the article number(s) and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)

Article 1: new business name is: Cyti Health Providers PC

3. THE AMENDMENT WAS ADOPTED ON: 12/23/2025
(If more than one amendment was adopted, identify the date of adoption of each amendment.)

4. PLEASE CHECK THE APPROPRIATE STATEMENT:

Shareholder action was required to adopt the amendment(s).

The vote was as follows:

| Class or series of shares | Number of shares outstanding | Number of votes entitled to be cast | Number of votes cast FOR | Number of votes cast AGAINST |
|---------------------------|------------------------------|-------------------------------------|--------------------------|------------------------------|
| | | | | |

Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.

The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the incorporators or by the board of directors.

5. Principal Place of Business (Physical Street Address)

19960 SW 112th Ave
Tualatin, OR 97062

5. INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address)

List the name and address of at least one individual who is a director, or controlling shareholder of the corporation or an authorized representative with direct knowledge of the operations and business activities of the corporation.

Sun Jae Yu
PO Box 220
Sherwood, OR 97140

7. EXECUTION:

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter, or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

Title:

Sun Jae Yu

CFO

CONTACT NAME: (To resolve questions with this filing)

Sun Jae Yu

PHONE NUMBER: (Include area code)

808-772-3277

FEES

Required Processing Fee \$100

Processing fees are non-refundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.

NOT RECORDED

Document Envelope ID: A4C36726-175D-4273-84FB-B4991D1A278B



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 -

Articles of Conversion - Business Entities

FILED: FEB 2, 2026

OREGON SECRETARY OF STATE



192591197-28775524

CYTI HEALTH PROVIDERS PC

CNV

REGISTRY NUMBER: 1925911-97

In accordance with Oregon Revised Statutes 192.410-192.490, the information on this application is... We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

- 1. Name of Business Entity Prior to Conversion: CYTI HEALTH PROVIDERS PC
- 2. Type of Business Entity Prior to Conversion: Oregon Professional Corporation
- 3. Name of Business Entity After Conversion: CYTI HEALTH PROVIDERS PC
- 4. Type of Business Entity After Conversion: Utah Professional Corporation
- 5. Will the converted entity have continued existence in Oregon? Yes No
- 6. If no, where will the jurisdiction be? Utah

- 7. Select one of the following:
 - A copy of the plan of conversion is attached.
 - Address where the plan of conversion is on file.
 Address 222 S. Main Street, 5th Floor
 City Salt Lake City State UT Zip Code 84101

A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the conversion obtained authorization and approval in accordance with the statutes that govern the business entity.

- 8. Provide additional information required for new entity type. (Required)

The converted entity will be a Utah professional corporation authorized to render psychologist professional services.

All shareholders, directors, and officers will satisfy Utah's professional licensing requirements.

9. Execution: (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of the person, any officers, directors, employees, or agents of the corporation, or any members, managers, employees, or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature: Printed Name: Daniel J. Costa Title: President

CONTACT NAME: (To resolve questions with this filing)

Jenifer Kyle

PHONE NUMBER: (Include area code)

801-793-8632

| FEES | |
|---|-------|
| Domestic Required Processing Fee | \$100 |
| Foreign Required Processing Fee | \$275 |
| Processing Fees are nonrefundable. Please make check payable to "Corporation Division". | |
| Free copies are available at sos.oregon.gov/business using the Business Name Search program. | |

DocuSign Envelope ID: 49B42ABF-6230-4C1F-B2D3-72017521B63A



Application for Authority to Transact Business - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

Check the appropriate box below:

FOREIGN BUSINESS CORPORATION (Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 11)

FOREIGN PROFESSIONAL CORPORATION (Complete all items)

REGISTRY NUMBER: 1925911-97 For office use only

In accordance with Oregon Revised Statutes 182.410-182.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME OF CORPORATION: CYTI HEALTH PROVIDERS PC

NOTE: Must be identical to the name of record in home jurisdiction.

2) REGISTRY NUMBER IN HOME JURISDICTION

OR: CERTIFICATE OF EXISTENCE (ATTACHED) (Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

8) ADDRESS FOR MAILING NOTICES:

1930 VILLAGE CENTER CIR, # 3-317 LAS VEGAS, NV 89134, USA

3) DATE OF INCORPORATION: JANUARY 22, 2026 DURATION, IF NOT PERPETUAL:

9) NAME AND ADDRESS OF PRESIDENT AND SECRETARY:

President: DANIEL J COSTA

4) STATE OR COUNTRY OF ORGANIZATION: Utah

Address: PO BOX 220

SHERWOOD, OR 97140, USA

5) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS: (Address, city, state, zip) 222 S. MAIN STREET, 5TH FLOOR SALT LAKE CITY, UT 84101, USA

Secretary: MARK CRAWFORD

Address: 1930 VILLAGE CENTER CIR # 3-317 LAS VEGAS NV 89134 USA

6) NAME OF OREGON REGISTERED AGENT: RILEY JUNKIN

PROFESSIONAL CORPORATION ONLY

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address which is identical to the registered agent's business office.)

19960 SW 112TH AVENUE TUALATIN, OR 97062, USA

10) PROFESSIONAL/BUSINESS SERVICES: (List professional service(s) and other business services, if applicable, to be rendered.)

PRACTICE OF PSYCHOLOGY

11) EXECUTION: (Must be signed by at least one officer or director.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

[Handwritten Signature]

Printed Name:

DANIEL J. COSTA

Title:

PRESIDENT

CONTACT NAME: (To resolve questions with this filing.)

JENIFER KYLE

PHONE NUMBER: (Please include area code.)

801-793-8732

Table with 1 column: FEES. Rows include Required Processing Fee \$275, Processing Fees are non-refundable, and Free copies are available at FilingInOregon.com.



Utah Department of Commerce
 Division of Corporations & Commercial Code
 160 East 300 South, 2nd Floor, S.M. Box 146705
 Salt Lake City, UT 84114-6705
 Phone: (801) 530-4849
 Toll Free: (877)526-3994 Utah Residents
 Fax: (801) 530-6438
 Web Site: <http://www.commerce.utah.gov>

Registration Number: 14655098-0144
 Business Name: CYTI HEALTH PROVIDERS PC
 Registered Date: JANUARY 22, 2026

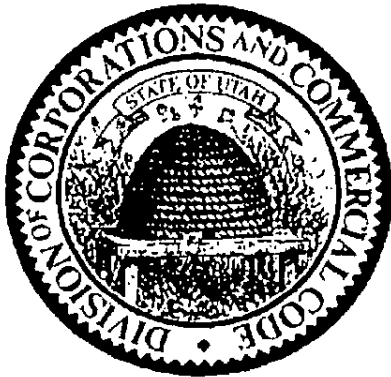
February 10, 2026

CERTIFIED COPY OF ARTICLES OF INCORPORATION

THE UTAH DIVISION OF CORPORATIONS AND COMMERCIAL CODE ("DIVISION") HEREBY CERTIFIES THAT THE ATTACHED IS TRUE, CORRECT, AND COMPLETE COPY OF THE ARTICLES OF INCORPORATION (NO AMENDMENTS FILED) OF

CYTI HEALTH PROVIDERS PC

AS APPEARS OF RECORD IN THE OFFICE OF THE DIVISION.



Scott Whittaker
 Director
 Division of Corporations and Commercial Code

| | | | | |
|---|------------------------------|-----------------------------------|-----------------------------|--------------------------------------|
| Div. of Professional Licensing (801)530-6628 | Real Estate (801)530-6747 | Public Utilities (801)530-6651 | Securities (801)530-6600 | Consumer Protection (801)530-6601 |
|---|------------------------------|-----------------------------------|-----------------------------|--------------------------------------|

ACTIVE PRINCIPAL INFORMATION

Title: President
Name: DANIEL J. COSTA
Address: PO BOX 220, Sherwood, OR 97140

Title: Director
Name: DANIEL J. COSTA
Address: PO BOX 220, Sherwood, OR 97140

Title: Incorporator
Name: DANIEL J. COSTA
Address: PO BOX 220, Sherwood, OR 97140

Title: Secretary
Name: MARK CRAWFORD
Address: 1930 VILLAGE CENTER CIR, # 3-317, Sherwood, OR 97140

REQUIRED SIGNATURES

- I declare that the information contained in this electronic submission is true and accurate.
- I affirm that I am legally authorized to sign this document.
- I acknowledge receipt of the below information:
 - The information provided in this form will be used by the Division to evaluate and complete your request. Failure to provide complete information as requested will result in the denial of your request as incomplete.
 - Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://corporations.utah.gov/records/>.
 - In order to comply with legal and regulatory requirements, we may share information provided in this form with authorized parties such as other government agencies, national licensing databases, contracted vendors, etc. Additionally, many items collected by the Division are classified as "public" under the Government Records Access and Management Act, Utah Code § 63G-2-101 et seq.
 - For more information on how the information you provide is shared, please refer to <https://corporations.utah.gov/records/>.

- **Electronic Signature:** Daniel J. Costa
Title/Capacity: Incorporator



| | |
|--|--------------------------------|
| Filed in the Office of <i>Scott Whitaker</i> | Filing Number 2601287866238 |
| Director, Division of Corporations and Commercial Code | Filed On January 22, 2026 |
| Filed in the State of Utah | Entity Number 14655098-0144 |
| | Number of Pages 2 |

State of Utah
 Department of Commerce
 Division of Corporations and Commercial Code

Domestic Business Corporation - Articles of Incorporation

ENTITY INFORMATION

Entity Name: Cysi Health Providers PC
 Entity Number: 14655098-0144
 Effective Date: January 22, 2026
 Effective Time: 04:12 PM

BUSINESS DETAILS

Duration Date: Perpetual

BUSINESS CLASSIFICATION:

Domestic Professional Corporation

CORPORATION DETAILS

Shares:

- Share Type: COMMON STOCK
 Number of Shares: 10,000

Purpose Statement: Engage in the professional practice of psychology and provide psychological services as permitted under the Utah Psychologist Licensing Act, Utah Code Title 58, Chapter 61, and any and all lawful activities related thereto.

PRINCIPAL OFFICE INFORMATION:

Principal Office Address: 222 S. MAIN STREET, 5TH FLOOR, Salt Lake City, UT 84101
 Mailing Address: 1930 VILLAGE CENTER CIR, # 3-317, Las Vegas, NV 89134

REGISTERED AGENT

Agent Type: Entity
 Name: NATIONAL REGISTERED AGENTS, INC.
 Address: 1108 E SOUTH UNION AVENUE, Midvale, UT 84047