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(Requestor's Name)				
(Address)				
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(Ci	ty/State/Zip/Phon	e #)		
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(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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COVER LETTER

TO: Registration Section Division of Corporation:	s	
SUBJECT: Eon Care Clinician	s PC, Inc.	
	Name of corporation	- must include suffix
Dear Sir or Madam:		
	ertificate of Good Stan	Authorization to Transact Business in Florida." ding" and check are submitted to register the ss in Florida.
Please return all correspondence	concerning this matter	to the following:
Eric Riger		
	Name of	Person
Eon Management Services, LLC		
	Firm'Com	pany
20451 Seneca Meadows Parkway		
	Addre	288
Germaniown, MD 20876-7005		
	City/State a	
Accounting@EonCare com		
E-mai	il address: (to be used t	or future annual report notification)
For further information concerni	ng this matter, please c	alt:
Enc Riger	301 at (e Daytime Telephone Number
Name of Person	Area Cod	e Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	s ce	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
· ·	ORIDA DEPARTMENT	OF STATE 3 \$78.75 Filing Fee &

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.

L. Eon Care Clinic	ians PC, Inc.		
	orporation: must include "INCORPORATED." "(orp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORA	TION."
(If name unavail:	ible in Florida, enter alternate corporate name ado	pted for the purpose of trans	sacting business in Florida)
Virginia	99	9-4512823	
(State or countr	y under the law of which it is incorporated)	(FEI number	. it applicable)
August 19, 2024	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if c	other than perpetual)
·			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)		
350C Fortune Ter	# 227 Potomac, MD 20854		
·	(Principal office)	street address)	
. Name and <u>strec</u>	(Current mailing a <u>et address</u> of Florida registered agent: (P.O. E	ddress, if different) Box NOT acceptable)	
Name:	C T Corporation System	_	
ffice Address:	1200 S Pine Island Rd #250		
	Plantation (City)	. Florida 33324	
	(City)	(Zip code)	2024 OC
. Registered aga	ent's acceptance:		00 5
laving been nam esignated in this arther agree to c	ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes related with and accept the obligations of my positions.	it as registered agent and tive to the proper and co	stated comporation at the place l agree to act in this capacity. mplete performance of my duti
	52/		
_			
_	(Registered agent's sign:		

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.

Docusign Envelope ID D8F407F9-91F0-4A95-B6A8-817051981B79

A. DIRECTORS

□Chairman	Name:Alex Mohseni	□Chairman	Name:		
□Vice Chairman	Address: 350C Fortune Ter # 227	⊞Vice Chairman	Address:		
■Director	Potomac, MD 20854	Director			
□President		TPresident			
□Vice President		∐Vice President			
[]Secretary	☐` Freasurer		□Treasurer		
Other		□Other	□Other		
□Chairman	Name:	□Chairman	Name:		
∐Vice Chairman	Address:	ElVice Chairman	Address:		
□Director		Z:Director			
□President		DPresident			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□ Secretary	☐ Freasurer		
□Other	COther	□Other	□Other		
□Chairman	Name:	TiChairman	Name:		
□Vice Chairman	Address:	ElVice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President		□Vice President			
□Sceretary	□ freasurer	□ Secretary	□Treasurer		
□Other		□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					
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					

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. Alex Mohseni

Commonwealth & Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Eon Care Clinicians PC is duly incorporated under the law of the Commonwealth of Virginia:

That the corporation was incorporated on August 19, 2024;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

ORATION COMMISSION

Signed and Sealed at Richmond on this Date:

September 4, 2024

Bernard J. Logan, Clerk of the Commission