



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

File #: 0006167775
Date Filed: 3/21/2025 1:07:00 PM

1. The name of the entity is: Kible Health, P.A.

2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)

3. Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input checked="" type="checkbox"/> Other: <u>Professional Association</u>	

(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)

4. Jurisdiction of formation: Florida
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
390 NE 191st St STE 8885 Miami, FL 33179
(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
390 NE 191st St STE 8885 Miami, FL 33179
(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. Name and street address of registered agent in Idaho:
Capitol Corporate Services, Inc. 1555 W Shoreline Dr, Ste 100, Boise, ID 83702
(Name and Address)

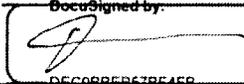
9. The name, capacity, and mailing address of at least one governor:

<u>Alex Mohseni, MD</u>	<u>President</u>	<u>390 NE 191st St STE 8885 Miami, FL 33179</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Secretary of State use only

Typed Name: Alex Mohseni, MD

DocuSigned by: _____

Signature:  _____
DC008506785450

Capacity: President

B0984-7431 03/21/2025 1:07 PM Received by Office of the Idaho Secretary of State

State of Florida

Department of State

I certify from the records of this office that KIBLE HEALTH, P.A. is a corporation organized under the laws of the State of Florida, filed on February 18, 2025.

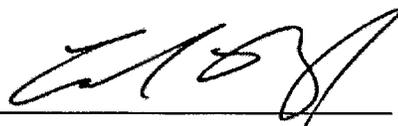
The document number of this corporation is P25000009638.

I further certify that said corporation has paid all fees due this office through December 31, 2025 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twentieth day of March, 2025*




Secretary of State

Tracking Number: 8733041484CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>