



# 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 #: 0005637902

Date Filed: 3/5/2024 2:30:00 PM

1. The name of the entity is: Mind Body Medical Services, P.C.
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 Corporation</u> |  |

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

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

5. The address of its principal office is:  
1136 5th Avenue, New York, New York 10128  
(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:  
(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:  
CT Corporation System, 1555 W. Shoreline Drive, Suite 100, Boise, Idaho 83702  
(Name and Address)

9. The name, capacity, and mailing address of at least one governor:
- |                         |                  |  |
|-------------------------|------------------|--|
| <u>Cheryl Baggeroer</u> | <u>President</u> | <u>1136 5th Avenue, New York, New York 10128</u> |
| (Name)                  | (Capacity)       | (Address)  |

(Name) (Capacity) (Address)

Secretary of State use only

Typed Name: Cheryl Baggeroer

Signature: Cheryl Baggeroer

Capacity: President

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** MIND BODY MEDICAL SERVICES, P.C.  
**DOS ID Number:** 6481088  
**Entity Type:** DOMESTIC PROFESSIONAL SERVICE CORPORATION  
**Entity Status:** EXISTING  
**Date of Initial Filing with DOS:** 05/09/2022  
**Statement Status:** CURRENT  
**Statement Due Date:** 05/31/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** CERTIFICATE OF INCORPORATION  
**Date of Filing:** 05/09/2022  
**Entity Name:** MIND BODY MEDICAL SERVICES, P.C.

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Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 04, 2024 at 05:11 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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