



**S O M M E R**  
**L A W G R O U P , P C**

RCUD PUC SEC BUR  
FEB 17 2026 AM 11:04

6 Market Square  
Pittsburgh, PA 15222

(T) 412-471-1266

(F) 412-471-3175

[www.SommerLawGroup.com](http://www.SommerLawGroup.com)

Brad N. Sommer, Esquire  
[BNS@SommerLawGroup.com](mailto:BNS@SommerLawGroup.com)

February 11, 2026

**Via First Class U.S. Mail**

Secretary PA Public Utility Commission  
400 North Street 2<sup>nd</sup> Floor  
Harrisburg PA 17120

**RE:** Notice of Utilization of Fictitious Names  
**Utility Name:** Ride4Health, LLC  
**Carrier ID:** A-00119028  
**Service Type(s):** Paratransit and TNC (Transportation Network Company)

To Whom It May Concern:

Please be advised that Ride4Health, LLC desires to utilize the following fictitious names and requests that the PUC recognizes the same:

1. R4H
2. Ride4Health Pittsburgh
3. Ride4Health Montgomery
4. Ride4Health Cherry Tree
5. Ride4Health ABE
6. Ride4Health Philadelphia
7. Ride4Health
8. Ride4Health Harrisburg
9. Ride4Health Lancaster
10. Ride4Health Reading
11. Ride4Health Scranton
12. Ride4Health York
13. Ride4Health Philadelphia North
14. Ride4Health Philadelphia South
15. Ride4Health Philadelphia East

16. Ride4Health Philadelphia West
17. Ride4Health Schuylkill
18. Ride4Health Delaware County
19. Ride4Health Chester County

Copies of the Registration of Fictitious Name for each of the above-listed are hereto enclosed.

Please also find the required verification enclosed.

Please contact our office with any questions or concerns.

Very truly yours,

*/s/ Brad N. Sommer*


**BRAD N. SOMMER**

Enclosure(s)

VERIFICATION

RCVD PUC SEC BUR  
FEB 17 2026 AM 11:05

I, Brad Sommer, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

  
\_\_\_\_\_  
Signature

2/11/26  
Date



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177769  
 Date Filed: 2/3/2026

B1002-7322 02/03/2026 2:26 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name	Ride4Health										
Supporting Documents	2.3.26 R4H 19-17_2 Consent to Appropriation of Name.pdf										
Additional Information	<p>A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:</p> <p>Non-emergency medical passenger transportation</p> <p><b>The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.</b></p> <p>The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):</p> <p>Address: 1536 SAW MILL RUN BLVD PITTSBURGH, PA 15210-3432 Allegheny</p>										
Individuals interested in the business	<table border="1"> <thead> <tr> <th>Full Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">None Entered</td> </tr> </tbody> </table>	Full Name	Address	None Entered							
Full Name	Address										
None Entered											
Associations interested in the business	<table border="1"> <thead> <tr> <th>Name of organization</th> <th>Form of Organization</th> <th>Formation Locale</th> <th>Principal Office</th> <th>Registered Office Address</th> </tr> </thead> <tbody> <tr> <td>Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA</td> <td></td> <td></td> <td>None</td> <td>None</td> </tr> </tbody> </table>	Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address	Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None
Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address							
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None							
Agents	<table border="1"> <thead> <tr> <th>Full Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">None Entered</td> </tr> </tbody> </table>	Full Name	None Entered								
Full Name											
None Entered											
Additional provisions, if any											

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

Alexander Vazquez

02/03/2026

Ride4Health, LLC

Date





**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177674  
 Date Filed: 2/3/2026

B1002-7193 02/03/2026 2:16 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name	Fictitious name	Ride4Health Montgomery										
Supporting Documents	Name Consent Upload	2.3.26 Montgomery 19-17_2 Consent to Appropriation of Name.pdf										
Additional Information	A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-emergency medical passenger transportation  The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.  The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):  Address: 1536 SAW MILL RUN BLVD PITTSBURGH, PA 15210-3432  Allegheny											
Individuals interested in the business	<table border="1"> <thead> <tr> <th>Full Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">None Entered</td> </tr> </tbody> </table>		Full Name	Address	None Entered							
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None Entered												
Associations interested in the business	<table border="1"> <thead> <tr> <th>Name of organization</th> <th>Form of Organization</th> <th>Formation Locale</th> <th>Principal Office</th> <th>Registered Office Address</th> </tr> </thead> <tbody> <tr> <td>                     Ride4Health, LLC                      Domestic Limited Liability Company                      Registered Office Address                      1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461                      State or Country of Origin                      PENNSYLVANIA                 </td> <td></td> <td></td> <td>None</td> <td>None</td> </tr> </tbody> </table>		Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address	Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None
Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address								
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None								
Agents	<table border="1"> <thead> <tr> <th>Full Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">None Entered</td> </tr> </tbody> </table>		Full Name	None Entered								
Full Name												
None Entered												
Additional provisions, if any												

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

Alexander Vazquez.

02/03/2026

Ride4Health, LLC

Date





**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015174135  
 Date Filed: 2/2/2026

B1002-1465 02/02/2026 3:38 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name  
 Fictitious name **Ride4Health Pittsburgh**

Supporting Documents  
 Name Consent Upload **2.2.26 PGH\_19-17\_2 Consent to Appropriation of Name.pdf**

Additional Information  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: **Non-emergency medical passenger transportation**

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address **1536 SAW MILL RUN BLVD  
 PITTSBURGH, PA 15210-3432  
 Allegheny**

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*Alexander Vazquez*

02/02/2026

Ride4Health, LLC

Date





0003549758



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0003549758  
 Date Filed: 10/24/2022

B0415-4488 10/24/2022 2:43 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name  
 Fictitious name R4H

Additional Information  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Passenger transportation services

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address 1536 SAW MILL RUN BLVD  
PITTSBURGH, PA 15210-3432  
  
ALLEGHENY

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Boulevard, Pittsburgh, PA 15210 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

RCUD PUC SEC BUR  
FEB 17 2026 AM 11:05

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*Brad N. Sommer*

10/24/2022

Ride4Health, LLC

Date



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177832  
 Date Filed: 2/3/2026

B1002-7425 02/03/2026 2:34 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

<b>Fictitious Name</b>				
Fictitious name	Ride4Health Scranton			
<b>Supporting Documents</b>				
Name Consent Upload	2.3.26 Scranton 19-17_2 Consent to Appropriation of Name.pdf			
<b>Additional Information</b>				
A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:				
Non-emergency medical passenger transportation				
The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.				
The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):				
Address	1536 SAW MILL RUN BLVD PITTSBURGH, PA 15210-3432  Allegheny			
<b>Individuals interested in the business</b>				
Full Name	Address			
None Entered				
<b>Associations interested in the business</b>				
Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None
<b>Agents</b>				
Full Name				
None Entered				
Additional provisions, if any				

I qualify for a veteran/reservist-owned small business fee exemption (see help)

*Electronic Signature*

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.


*Alexander Vazquez*

*02/03/2026*

Ride4Health, LLC

Date

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<p>Consent to Appropriation of Name DSCB:19-17.2 (rev. 7/2015)</p>	 19172
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Pursuant to 19 Pa. Code § 17.2 (relating to appropriation of the name of a senior corporation), the undersigned association, desiring to consent to the appropriation of its name by another association, hereby certifies that:

1. The name of the association executing this Consent to Appropriation of Name is:

Ride4Health Scranton LLC

2. The (a) address of the consenting association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

Complete part (a) **OR** (b) – not both:

(a) 1536 SAW MILL RUN BLVD, PITTSBURGH, PA 15210-3432, Allegheny County

Number and street	City	<b>OR</b>	State	Zip	County
-------------------	------	-----------	-------	-----	--------

(b) c/o: \_\_\_\_\_

Name of Commercial Registered Office Provider	County
---	--------

3. The date of incorporation or other organization of the consenting association is: 04/12/2022

4. The association(s) entitled to the benefit of this Consent to Appropriation of Name is(are):

Ride4Health, LLC

5. The consenting association is (check only one):

- About to change its name
- About to cease to do business
- Being wound up
- A foreign association about to withdraw from doing business in the Commonwealth

IN TESTIMONY WHEREOF, the undersigned association has caused this Consent to Appropriation of Name be signed by a duly authorized officer thereof this 3rd day of February, 2026.

/s/ Alexander Vazquez  
Signature

President  
Title



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177895  
 Date Filed: 2/3/2026

B1002-7547 02/03/2026 2:44 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name  
 Fictitious name **Ride4Health Schuylkill**

Supporting Documents  
 Name Consent Upload **2.3.26 Schuylkill 19-17\_2 Consent to Appropriation of Name.pdf**

Additional Information  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: **Non-emergency medical passenger transportation**

**The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.**

**The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):**

Address **1536 SAW MILL RUN BLVD  
 PITTSBURGH, PA 15210-3432  
 Allegheny**

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

*Electronic Signature*

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*Alexander Vazquez*

*02/03/2026*

Ride4Health, LLC

Date





**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177846  
 Date Filed: 2/3/2026

B1002-7455 02/03/2026 2:36 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name  
 Fictitious name Ride4Health York

Supporting Documents  
 Name Consent Upload 2.3.26 York 19-17\_2 Consent to Appropriation of Name.pdf

Additional Information  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-emergency medical passenger transportation

**The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.**

**The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):**

Address 1536 SAW MILL RUN BLVD  
 PITTSBURGH, PA 15210-3432  
 Allegheny

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*Alexander Vazquez*

02/03/2026

Ride4Health, LLC

Date





**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177856  
 Date Filed: 2/3/2026

B1002-7471 02/03/2026 2:38 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name  
 Fictitious name Ride4Health Philadelphia South

Supporting Documents  
 Name Consent Upload 2.3.26 Philly South 19-17\_2 Consent to Appropriation of Name.pdf

Additional Information  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-emergency medical passenger transportation

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address 1536 SAW MILL RUN BLVD  
 PITTSBURGH, PA 15210-3432  
 Allegheny

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.


*Alexander Vazquez*

02/03/2026

Ride4Health, LLC

Date

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<p>Consent to Appropriation of Name DSCB:19-17.2 (rev. 7/2015)</p>	 19172
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Pursuant to 19 Pa. Code § 17.2 (relating to appropriation of the name of a senior corporation), the undersigned association, desiring to consent to the appropriation of its name by another association, hereby certifies that:

1. The name of the association executing this Consent to Appropriation of Name is:

Ride4Health Philadelphia South LLC

2. The (a) address of the consenting association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

*Complete part (a) OR (b) – not both:*

(a) 141 N Cameron St, Harrisburg, PA 17101, Dauphin County

Number and street	City	OR	State	Zip	County
-------------------	------	----	-------	-----	--------

(b) c/o: \_\_\_\_\_

Name of Commercial Registered Office Provider	County
---	--------

3. The date of incorporation or other organization of the consenting association is: 04/15/2022

4. The association(s) entitled to the benefit of this Consent to Appropriation of Name is(are):

Ride4Health, LLC

5. The consenting association is (check only one):

- About to change its name
- About to cease to do business
- Being wound up
- A foreign association about to withdraw from doing business in the Commonwealth

IN TESTIMONY WHEREOF, the undersigned association has caused this Consent to Appropriation of Name be signed by a duly authorized officer thereof this 3rd day of February, 2026.

/s/ Alexander Vazquez  
Signature

President  
Title



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177884  
 Date Filed: 2/3/2026

B1002-7525 02/03/2026 2:42 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name  
 Fictitious name Ride4Health Philadelphia West

Supporting Documents  
 Name Consent Upload 2.3.26 Philly West 19-17\_2 Consent to Appropriation of Name.pdf

Additional Information  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-emergency medical passenger transportation

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address 1536 SAW MILL RUN BLVD  
 PITTSBURGH, PA 15210-3432  
 Allegheny

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*Alexander Vazquez*

02/03/2026

Ride4Health, LLC

Date





**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177814  
 Date Filed: 2/3/2026

B1002-7405 02/03/2026 2:32 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

**Fictitious Name**

Fictitious name Ride4Health Reading

**Supporting Documents**

Name Consent Upload 2.3.26 Reading 19-17\_2 Consent to Appropriation of Name.pdf

**Additional Information**

A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-emergency medical passenger transportation

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address 1536 SAW MILL RUN BLVD  
 PITTSBURGH, PA 15210-3432  
 Allegheny

**Individuals interested in the business**

Full Name	Address
None Entered	

**Associations interested in the business**

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None

**Agents**

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.


*Alexander Vazquez*

*02/03/2026*

Ride4Health, LLC

Date

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<p>Consent to Appropriation of Name DSCB:19-17.2 (rev. 7/2015)</p>	 19172
--	--

Pursuant to 19 Pa. Code § 17.2 (relating to appropriation of the name of a senior corporation), the undersigned association, desiring to consent to the appropriation of its name by another association, hereby certifies that:

1. The name of the association executing this Consent to Appropriation of Name is:

Ride4Health Reading LLC

2. The (a) address of the consenting association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

Complete part (a) **OR** (b) – not both:

(a) 1536 SAW MILL RUN BLVD, PITTSBURGH, PA 15210-3432, Allegheny County

Number and street	City	<b>OR</b>	State	Zip	County
-------------------	------	-----------	-------	-----	--------

(b) c/o: \_\_\_\_\_

Name of Commercial Registered Office Provider	County
---	--------

3. The date of incorporation or other organization of the consenting association is: 04/11/2022

4. The association(s) entitled to the benefit of this Consent to Appropriation of Name is(are):

Ride4Health, LLC

5. The consenting association is (check only one):

- About to change its name
- About to cease to do business
- Being wound up
- A foreign association about to withdraw from doing business in the Commonwealth

IN TESTIMONY WHEREOF, the undersigned association has caused this Consent to Appropriation of Name be signed by a duly authorized officer thereof this 3rd day of February, 2026.

/s/ Alexander Vazquez  
Signature

President  
Title



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177737  
 Date Filed: 2/3/2026

B1002-7271 02/03/2026 2:22 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name  
 Fictitious name Ride4Health ABE

Supporting Documents  
 Name Consent Upload 2.3.26 ABE 19-17\_2 Consent to Appropriation of Name.pdf

Additional Information  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-emergency medical passenger transportation

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address 1536 SAW MILL RUN BLVD  
 PITTSBURGH, PA 15210-3432  
 Allegheny

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*Alexander Vazquez*

*02/03/2026*

Ride4Health, LLC

Date





**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

RCVD PLC SEC BUR  
 FEB 17 2026 AM 11:06

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177720  
 Date Filed: 2/3/2026

B1002-7248 02/03/2026 2:20 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

*Fictitious Name*  
 Fictitious name Ride4Health Cherry Tree

*Supporting Documents*  
 Name Consent Upload 2.3.26 Cherry Tree 19-17\_2 Consent to Appropriation of Name.pdf

*Additional Information*  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-emergency medical passenger transportation

**The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.**

**The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):**

Address 1536 SAW MILL RUN BLVD  
 PITTSBURGH, PA 15210-3432  
 Allegheny

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

*Additional provisions, if any*

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*Alexander Vazquez*


*02/03/2026*

Ride4Health, LLC

Date

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

B1002-7250 02/03/2026 2:20 PM Received by Pennsylvania Department of State

<p>Consent to Appropriation of Name DSCB:19-17.2 (rev. 7/2015)</p>	 19172
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Pursuant to 19 Pa. Code § 17.2 (relating to appropriation of the name of a senior corporation), the undersigned association, desiring to consent to the appropriation of its name by another association, hereby certifies that:

1. The name of the association executing this Consent to Appropriation of Name is:

Ride4Health Cherry Tree, LLC

2. The (a) address of the consenting association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) 1536 SAW MILL RUN BLVD, PITTSBURGH, PA 15210-3432, Allegheny County

Number and street	City	OR	State	Zip	County
-------------------	------	----	-------	-----	--------

(b) c/o: \_\_\_\_\_

Name of Commercial Registered Office Provider	County
---	--------

3. The date of incorporation or other organization of the consenting association is: 02/04/2021

4. The association(s) entitled to the benefit of this Consent to Appropriation of Name is(are):

Ride4Health, LLC

5. The consenting association is (check only one):

- About to change its name
- About to cease to do business
- Being wound up
- A foreign association about to withdraw from doing business in the Commonwealth

IN TESTIMONY WHEREOF, the undersigned association has caused this Consent to Appropriation of Name be signed by a duly authorized officer thereof this 3rd day of February, 2026.

/s/ Alexander Vazquez  
Signature

President  
Title



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

RCVD PLC SEC BUR  
 FEB 17 2026 AM 11:06

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015178001  
 Date Filed: 2/3/2026

B1002-7755 02/03/2026 3:01 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name  
 Fictitious name Ride4Health Chester County

Supporting Documents  
 Name Consent Upload 2.3.26 Chester Co 19-17\_2 Consent to Appropriation of Name.pdf

Additional Information  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-emergency medical passenger transportation

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address 1536 SAW MILL RUN BLVD  
 PITTSBURGH, PA 15210-3432  
 Allegheny

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*Alexander Vazquez*

*02/03/2026*

Ride4Health, LLC

Date





**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177757  
 Date Filed: 2/3/2026

B1002-7297 02/03/2026 2:24 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name  
 Fictitious name Ride4Health Philadelphia

Supporting Documents  
 Name Consent Upload 2.3.26 Philadelphia 19-17\_2 Consent to Appropriation of Name.pdf

Additional Information  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-emergency medical passenger transportation

**The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.**

**The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):**

Address 1536 SAW MILL RUN BLVD  
 PITTSBURGH, PA 15210-3432  
 Allegheny

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

Alexander Vazquez

02/03/2026

Ride4Health, LLC

Date





**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177865  
 Date Filed: 2/3/2026

B1002-7489 02/03/2026 2:39 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name	Fictitious name	Ride4Health Philadelphia East										
Supporting Documents	Name Consent Upload	2.3.26 Philly East 19-17_2 Consent to Appropriation of Name.pdf										
Additional Information	<p>A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:</p> <p>Non-emergency medical passenger transportation</p> <p>The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.</p> <p>The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):</p> <p>Address</p> <p>1536 SAW MILL RUN BLVD                  PITTSBURGH, PA 15210-3432                  Allegheny</p>											
Individuals interested in the business	<table border="1"> <thead> <tr> <th>Full Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">None Entered</td> </tr> </tbody> </table>		Full Name	Address	None Entered							
Full Name	Address											
None Entered												
Associations interested in the business	<table border="1"> <thead> <tr> <th>Name of organization</th> <th>Form of Organization</th> <th>Formation Locale</th> <th>Principal Office</th> <th>Registered Office Address</th> </tr> </thead> <tbody> <tr> <td>Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA</td> <td></td> <td></td> <td>None</td> <td>None</td> </tr> </tbody> </table>		Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address	Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None
Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address								
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None								
Agents	<table border="1"> <thead> <tr> <th>Full Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">None Entered</td> </tr> </tbody> </table>		Full Name	None Entered								
Full Name												
None Entered												
Additional provisions, if any												

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*Alexander Vazquez*

*02/03/2026*

Ride4Health, LLC

Date





**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177979  
 Date Filed: 2/3/2026

BI002-7714 02/03/2026 2:57 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

<b>Fictitious Name</b>	<b>Fictitious name</b>	Ride4Health Philadelphia North		
<b>Supporting Documents</b>	<b>Name Consent Upload</b>	2.3.26 Philly North 19-17_2 Consent to Appropriation of Name.pdf		
<b>Additional Information</b>				
A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:				
Non-emergency medical passenger transportation				
The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.				
The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):				
<b>Address</b>	1536 SAW MILL RUN BLVD PITTSBURGH, PA 15210-3432  Allegheny			
<b>Individuals interested in the business</b>				
Full Name		Address		
None Entered				
<b>Associations interested in the business</b>				
Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None
<b>Agents</b>				
Full Name				
None Entered				
Additional provisions, if any				

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.


*Alexander Vazquez*

*02/03/2026*

Ride4Health, LLC

Date

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<b>Consent to Appropriation of Name</b> DSCB:19-17.2 (rev. 7/2015)	 19172
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Pursuant to 19 Pa. Code § 17.2 (relating to appropriation of the name of a senior corporation), the undersigned association, desiring to consent to the appropriation of its name by another association, hereby certifies that:

1. The name of the association executing this Consent to Appropriation of Name is:

Ride4Health Philadelphia North LLC

2. The (a) address of the consenting association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

Complete part (a) **OR** (b) – not both:

(a) 1536 SAW MILL RUN BLVD PITTSBURGH, PA 15210, Allegheny County  
Number and street City State Zip County

OR

(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider County

3. The date of incorporation or other organization of the consenting association is: 04/14/2022

4. The association(s) entitled to the benefit of this Consent to Appropriation of Name is(are):

Ride4Health, LLC

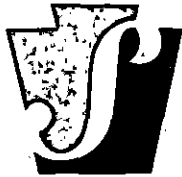
5. The consenting association is (check only one):

- About to change its name
- About to cease to do business
- Being wound up
- A foreign association about to withdraw from doing business in the Commonwealth

IN TESTIMONY WHEREOF, the undersigned association has caused this Consent to Appropriation of Name be signed by a duly authorized officer thereof this 3rd day of February, 2026.

/s/ Alexander Vazquez  
Signature  
Member  
Title

B1002-7716 02/03/2026 2:57 PM Received by Pennsylvania Department of State



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177781  
 Date Filed: 2/3/2026

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

<b>Fictitious Name</b>				
Fictitious name	Ride4Health Harrisburg			
<b>Supporting Documents</b>				
Name Consent Upload	2.3.26 Harrisburg 19-17_2 Consent to Appropriation of Name.pdf			
<b>Additional Information</b>				
A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-emergency medical passenger transportation				
The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.				
The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):				
Address	1536 SAW MILL RUN BLVD PITTSBURGH, PA 15210-3432  Allegheny			
<b>Individuals interested in the business</b>				
Full Name	Address			
None Entered				
<b>Associations interested in the business</b>				
Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None
<b>Agents</b>				
Full Name				
None Entered				
Additional provisions, if any				

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*Alexander Vazquez*


02/03/2026

Ride4Health, LLC

Date

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

B1002-7342 02/03/2026 2:28 PM Received by Pennsylvania Department of State

Consent to Appropriation of Name DSCB:19-17.2 (rev. 7/2015)	 19172
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Pursuant to 19 Pa. Code § 17.2 (relating to appropriation of the name of a senior corporation), the undersigned association, desiring to consent to the appropriation of its name by another association, hereby certifies that:

1. The name of the association executing this Consent to Appropriation of Name is:

Ride4Health Harrisburg LLC

2. The (a) address of the consenting association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

Complete part (a) **OR** (b) – not both:

(a) 1536 SAW MILL RUN BLVD, PITTSBURGH, PA 15210-3432, Allegheny County

Number and street	City	<b>OR</b>	State	Zip	County
-------------------	------	-----------	-------	-----	--------

(b) c/o: \_\_\_\_\_

Name of Commercial Registered Office Provider	County
---	--------

3. The date of incorporation or other organization of the consenting association is: 02/16/2022

4. The association(s) entitled to the benefit of this Consent to Appropriation of Name is(are):

Ride4Health, LLC

5. The consenting association is (check only one):

- About to change its name
- About to cease to do business
- Being wound up
- A foreign association about to withdraw from doing business in the Commonwealth

IN TESTIMONY WHEREOF, the undersigned association has caused this Consent to Appropriation of Name be signed by a duly authorized officer thereof this 3rd day of February, 2026.

/s/ Alexander Vazquez

Signature

President

Title



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177991  
 Date Filed: 2/3/2026

B1002-7736 02/03/2026 2:59 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

<b>Fictitious Name</b>	<b>Fictitious name</b> Ride4Health Delaware County			
<b>Supporting Documents</b>	<b>Name Consent Upload</b> 2.3.26 Delaware Co 19-17_2 Consent to Appropriation of Name.pdf			
<b>Additional Information</b>				
A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-emergency medical passenger transportation				
<i>The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.</i>				
The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):				
<b>Address</b>	1536 SAW MILL RUN BLVD PITTSBURGH, PA 15210-3432  Allegheny			
<b>Individuals interested in the business</b>				
Full Name	Address			
None Entered				
<b>Associations interested in the business</b>				
Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None
<b>Agents</b>				
Full Name				
None Entered				
<b>Additional provisions, if any</b>				

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*Alexander Vazquez*


*02/03/2026*

Ride4Health, LLC

Date

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

BL002-7738 02/03/2026 2:59 PM Received by Pennsylvania Department of State

Consent to Appropriation of Name DSCB:19-17.2 (rev. 7/2015)	 19172
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Pursuant to 19 Pa. Code § 17.2 (relating to appropriation of the name of a senior corporation), the undersigned association, desiring to consent to the appropriation of its name by another association, hereby certifies that:

1. The name of the association executing this Consent to Appropriation of Name is:

Ride4Health Delaware County, LLC

2. The (a) address of the consenting association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

Complete part (a) **OR** (b) – not both:

(a) 2607 Welsh Rd, Apt K306, Philadelphia, PA 19114, Philadelphia County  
Number and street City State Zip County

OR

(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider County

3. The date of incorporation or other organization of the consenting association is: 11/13/2025

4. The association(s) entitled to the benefit of this Consent to Appropriation of Name is(are):

Ride4Health, LLC

5. The consenting association is (check only one):

- About to change its name
- About to cease to do business
- Being wound up
- A foreign association about to withdraw from doing business in the Commonwealth

IN TESTIMONY WHEREOF, the undersigned association has caused this Consent to Appropriation of Name be signed by a duly authorized officer thereof this 3rd day of February, 2026.

/s/ Alexander Vazquez  
Signature

Member  
Title



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015177801  
 Date Filed: 2/3/2026

B1002-7356 02/03/2026 2:30 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

<b>Fictitious Name</b>	<b>Fictitious name</b>	Ride4Health Lancaster		
<b>Supporting Documents</b>	<b>Name Consent Upload</b>	2.3.26 Lancaster 19-17_2 Consent to Appropriation of Name.pdf		
<b>Additional Information</b>				
A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: <b>Non-emergency medical passenger transportation</b>				
The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.				
The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):				
<b>Address</b>	1536 SAW MILL RUN BLVD PITTSBURGH, PA 15210-3432  Allegheny			
<b>Individuals interested in the business</b>				
Full Name		Address		
None Entered				
<b>Associations interested in the business</b>				
Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Ride4Health, LLC Domestic Limited Liability Company Registered Office Address 1536 Saw Mill Run Blvd, Pittsburgh, PA 15210-3461 State or Country of Origin PENNSYLVANIA			None	None
<b>Agents</b>				
Full Name				
None Entered				
<b>Additional provisions, if any</b>				

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

Alexander Vazquez


02/03/2026

Ride4Health, LLC

Date

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

B1002-7358 02/03/2026 2:30 PM Received by Pennsylvania Department of State

Consent to Appropriation of Name DSCB:19-17.2 (rev. 7/2015)	 19172
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Pursuant to 19 Pa. Code § 17.2 (relating to appropriation of the name of a senior corporation), the undersigned association, desiring to consent to the appropriation of its name by another association, hereby certifies that:

1. The name of the association executing this Consent to Appropriation of Name is:

Ride4Health Lancaster LLC

2. The (a) address of the consenting association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) 1536 SAW MILL RUN BLVD, PITTSBURGH, PA 15210-3432, Allegheny County  
Number and street City OR State Zip County

(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider County

3. The date of incorporation or other organization of the consenting association is: 02/22/2022

4. The association(s) entitled to the benefit of this Consent to Appropriation of Name is(arc):

Ride4Health, LLC

5. The consenting association is (check only one):

- About to change its name
- About to cease to do business
- Being wound up
- A foreign association about to withdraw from doing business in the Commonwealth

IN TESTIMONY WHEREOF, the undersigned association has caused this Consent to Appropriation of Name be signed by a duly authorized officer thereof this 3rd day of February, 2026.

/s/ Alexander Vazquez  
Signature  
President  
Title

**F**

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