



São Paulo, 21 de outubro de 2022

À

SIMPLIFIC PAVARINI DISTRIBUIDORA DE TÍTULOS E VALORES MOBILIÁRIOS LTDA.

Rua Joaquim Floriano 466, bloco B, conj. 1401, Itaim Bibi

São Paulo, Capital, CEP 04534-002

Ref.: Comprovação da Destinação de Recursos

Prezados senhores,

Fazemos referência ao “Escritura de Emissão da 1ª” (“Debêntures”), celebrado em 15 de julho de 2021

Em referência à cláusula 3.5 da Escritura de Emissão da 1ª Emissão de Debêntures, Hospital Care Caledônia S.A., celebrada em 15 de julho de 2021, informamos que os recursos captados por meio da Emissão serão utilizados para o reforço de caixa da emissora.

Termos iniciados em letras maiúsculas utilizados na presente solicitação têm o mesmo significado a eles atribuído na Escritura de Emissão.

Sendo o que tínhamos para o momento, subscrevemo-nos.

Cordialmente,

DocuSigned by:
João Marcos Bezerra
Assinado por: JOAO MARCOS BEZERRA-33881166874
CPF: 33881166874
Data/Hora da Assinatura: 28/10/2022 16:05:46 BRT
110F38DEC41349BA99D4655102743D3D

[Hospital Care Caledônia S.A.]

DocuSigned by:
Fernando Mattos Pinto de Lima
18AF968CB41F400...

Certificado de Conclusão

Identificação de envelope: E8C6A4053ED045ADBFE94E33A9B1B2BB

Status: Concluído

Assunto: Complete com a DocuSign: Declaração Destinação de Recursos - DEB - Capital de giro FMP.docx

Envelope fonte:

Documentar páginas: 1

Assinaturas: 2

Remetente do envelope:

Certificar páginas: 5

Rubrica: 0

Giovani Pallos

Assinatura guiada: Ativado

Rua Engenheiro Figueiredo, 60 VILA MARIANA

Selo com Envelopeld (ID do envelope): Ativado

SAO PAULO, SP 04012-150

Fuso horário: (UTC-03:00) Brasília

giovani.pallos@hospitalcare.com.br

Endereço IP: 200.174.241.66

Rastreamento de registros

Status: Original

Portador: Giovani Pallos

Local: DocuSign

20/10/2022 15:50:31

giovani.pallos@hospitalcare.com.br

Eventos do signatário**Assinatura****Registro de hora e data**

Fernando Mattos Pinto de Lima

fernando.mattos@hospitalcare.com.br

Nível de segurança: E-mail, Autenticação da conta (Nenhuma)

DocuSigned by:

Fernando Mattos Pinto de Lima

18AF968CB41F460...

Enviado: 20/10/2022 15:51:30

Visualizado: 21/10/2022 10:29:18

Assinado: 21/10/2022 10:29:29

Adoção de assinatura: Estilo pré-selecionado

Usando endereço IP: 177.142.147.204

Termos de Assinatura e Registro Eletrônico:

Aceito: 21/10/2022 10:29:18

ID: 96d5ac63-07c4-44af-9715-6d745998cc34

João Marcos Bezerra

dayane.menezes@hospitalcare.com.br

Nível de segurança: E-mail, Autenticação da conta (Nenhuma), Certificado Digital

DocuSigned by:

João Marcos Bezerra

110F38DEC41349B...

Enviado: 20/10/2022 15:51:30

Reenviado: 24/10/2022 09:06:36

Reenviado: 28/10/2022 11:41:40

Reenviado: 28/10/2022 11:41:47

Reenviado: 28/10/2022 13:01:55

Visualizado: 28/10/2022 16:05:11

Assinado: 28/10/2022 16:05:49

Detalhes do provedor de assinatura:

Tipo de assinatura: ICP Smart Card

Emissor da assinatura: AC Certisign RFB G5

Adoção de assinatura: Estilo pré-selecionado

Usando endereço IP: 45.191.172.216

Termos de Assinatura e Registro Eletrônico:

Aceito: 28/10/2022 16:05:11

ID: 408113a1-3c9e-4de5-a3b1-1ae34100a288

Eventos do signatário presencial**Assinatura****Registro de hora e data****Eventos de entrega do editor****Status****Registro de hora e data****Evento de entrega do agente****Status****Registro de hora e data****Eventos de entrega intermediários****Status****Registro de hora e data****Eventos de entrega certificados****Status****Registro de hora e data****Eventos de cópia****Status****Registro de hora e data****Eventos com testemunhas****Assinatura****Registro de hora e data****Eventos do tabelião****Assinatura****Registro de hora e data****Eventos de resumo do envelope****Status****Carimbo de data/hora**

Envelope enviado

Com hash/criptografado

20/10/2022 15:51:31

Eventos de resumo do envelope	Status	Carimbo de data/hora
Entrega certificada	Segurança verificada	28/10/2022 16:05:11
Assinatura concluída	Segurança verificada	28/10/2022 16:05:49
Concluído	Segurança verificada	28/10/2022 16:05:49
Eventos de pagamento	Status	Carimbo de data/hora
Termos de Assinatura e Registro Eletrônico		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Hospital Care (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Hospital Care:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: giovani.pallos@hospitalcare.com.br

To advise Hospital Care of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at giovani.pallos@hospitalcare.com.br and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Hospital Care

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to giovani.pallos@hospitalcare.com.br and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Hospital Care

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to giovani.pallos@hospitalcare.com.br and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Hospital Care as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Hospital Care during the course of your relationship with Hospital Care.