ID Nur	mber:			



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

ILED

SEP 08 2009

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

ÇC	rporat		plies for a Certif						mended, the or and, and for tha		
1.	The r	name of the co	propration is \underline{T}	he Arora Grou	ıp, Inc.			annyaliya on toom water skelpter skeedsmeet			MI ¹ 11 78 111 111 11 11 11 11 1
2.	It is in	ncorporated ui	nder the laws of	Maryland				<u></u>			
3.	The r	name, if differe	ent, which it elec	ts to use in Rho	de Island is:						
	(a)	"incorporated		r an abbreviati	on thereof, th				e word "corpora on with the addi		
	(b)								e under which to Statement" to	he filed	
4.	The c	date of its inco	rporation is <u>J</u>	anuary 13, 199	95	and	the period of	of its duration is	s Perpetual	P	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5.	The a	address of its p	orincipal office in	the state or co	untry under th	the laws	of which it is	incorporated is	.	&	
	17605	S LISA DRIVI	E, ROCKVILL	E, MD 20855						P	
ô.	The a	address of its p	proposed registe	red office in Rh	ode Island is	<u>222 J</u>	efferson Blv				NG STATE
	101	دا دا		51	00000		4	•	ess, <u>not</u> P.O. Box		
	War		Town)	. RI	02888 (Zip Code)	_	the name of	ns proposed n	egistered agent i	in Knode i	siano at
	that a	address is <u>1</u>	National Regist	ered Agents,							
						ame of Ag					
7.	The p	ourpose or pur	poses which it p	roposes to purs	ue in the trans	nsaction	of business i	n Rhode Island	d are:		
	Heal	Ithcare staffir	ng services an	d to engage in	any legal ad	act or ac	tivity for wh	ich corporation	ons may be org	ganized.	· · · · · · · · · · · · · · · · · · ·
3.		ne names and		esses of its dire	ectors (optiona	nal unles	s directors ar	re required und	ler the laws of th	e state or	country
				<u>Name</u>				<u>Addre</u>			
	Dir	rector	Sudhir Aror	a, M.D	170	7605 LI	SA DRIVE ,	ROCKVILLE	, MD 20855		
		rector									
		rector				·					
	Dir	rector									

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		state or country	y of which it is	incorporated).						
President			<u>Name</u>			<u>Address</u>				
			Sudhir Aror	a, M.D	17605 LISA DRIVE , RC	OCKVILLE, MD 20855				
		ce President								
Treas		easurer								
	Se	ecretary								
		aggregate num series, if any, v			issue, itemized by classes, pa	ar value of shares, shares without par value,				
						Par Value or Statement that				
		Number of	<u>Shares</u>	Class	<u>Series</u>	Shares are without Par Value				
		1000		Common		\$1				
10. ((a)	An estimate o	f the value o	of all property to be ow	wned by the corporation for	the following year, wherever located, is				
		·		 .·						
((b)	An estimate o	f the value o	of the corporation's prop	perty to be located within R	hode Island during the following year is				
((c)	located within the	his state durin	g the following year bear	's to the value of all property of	tue of the property of the corporation to be of the corporation to be owned during the ultiply by 100 to obtain the percentage].				
11. ((a)	An estimate o \$ <u>ஆ</u> 5 ஸ்ர	f the gross a	mount of business to	be transacted by the corp	poration during the following year is				
((b)	An estimate of Island during th	f the gross a ne following ye	imount of business to b ar is \$ 60,000	e transacted by the corporatio	on at or from places of business in Rhode				
(corporation at o	or from places by the corporat	of business in this state	during the following year bea	ount of business to be transacted by the ars to the gross amount thereof which will de (b) by (a) and multiply by 100 to obtain				
12. T	This of wi	application is a	ccompanied b	y a certificate of Good S	tanding issued by the proper	officer of the state or country under the laws				
13. T ti	his han	Application for (the 90 th day aft	Certificate of A er the date of	Authority shall be effective this filing	ve upon filing unless a specific	ed date is provided which shall be no later				
				•						
					examined this Application	y, I declare and affirm that I have n for Certificate of Authority, including achments, and that all statements and correct.				
Date	:	9/3/09			K. Drora					
				·	Signature of Auth	orized Officer of the Corporation				
					Kamni Arora, Chief Opera	ations Officer Name of Authorized Officer				

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE ARORA GROUP, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 04, 2009.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

