

No Filing Fee (See Instructions)

ID Number: 000147648



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

**APPLICATION FOR TRANSFER OF AUTHORITY**

GEO CARE, LLC

(Insert full name of the entity following the transfer)

2013 FEB 14 PM 1:49  
FILED

**SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY**

Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned, duly qualified foreign (**check one box only**):

- Non-Profit Corporation or  Business Corporation or  Limited Liability Company or
- Limited Partnership or  Limited Liability Partnership

submits the following Application for the purpose of transferring its authority to a (**check one box only**):

- Limited Partnership or  Limited Liability Company or  Business Corporation or
- Limited Liability Partnership or  Non-Profit Corporation

- a. The name of the entity filing this application for transfer is:  
GEO CARE, INC.
- b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island:  
04/29/2005
- c. The jurisdiction upon transfer of authority:  
Florida
- d. The name of the entity following the transfer of authority is:  
GEO CARE, LLC
- e. The application for transfer is filed as an accompanying certificate to the  certificate of registration for a limited partnership or  application for registration for a limited liability company or  application for certificate of authority for a business corporation or  application for certificate of authority for a non-profit corporation or  notice of registration for a registered limited liability partnership (**check one box only**).
- f. The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.

**FILED**

FEB 14 2013  
BY AL90001  
1:49

**SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY**

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 02/07/2013

\_\_\_\_\_  
Print Name of Other Entity

OR

\_\_\_\_\_  
Print Name of Partnership

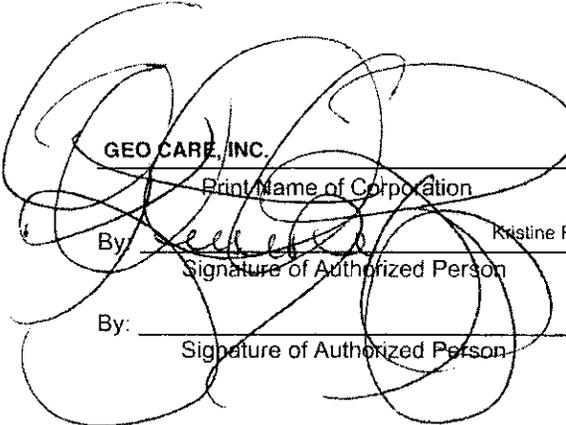
By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Partner

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Partner

By: \_\_\_\_\_  
Signature of Partner

  
GEO CARE, INC.  
\_\_\_\_\_  
Print Name of Corporation

OR

\_\_\_\_\_  
Print Name of Limited Liability Company

By: \_\_\_\_\_  
Signature of Authorized Person  
Kristine Roy, as Attorney-in-Fact

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Authorized Person

By: \_\_\_\_\_  
Signature of Authorized Person



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## 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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

