

Filing Fee: \$150.00



**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

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Ashfield Healthcare, LLC

☐ This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Florida

4. The date of its organization is July 2, 2002

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

222 Jefferson Blvd., Suite 200

Warwick

, RI 02888

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is Capitol Corporate Services, Inc.

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

Capitol Corporate Services, 155 Office Plaza Drive, Suite A, Tallahassee, FL 32301

9. The mailing address for the limited liability company is:

1 Ivybrook Boulevard, Suite 110, Ivyland, PA 18974

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BY 190683

10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☒ by its members. *(If you have checked this box, go to item no. 11.)*

or

- B. The limited liability company is to be managed ☐ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.
12. The date this Application for Registration is to become effective, if later than the date of filing, is:

\_\_\_\_\_  
(not prior to, nor more than 30 days after, the filing of this Application for Registration)

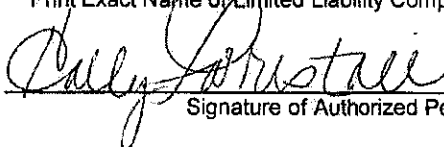
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 2/20/2013

**Ashfield Healthcare, LLC**


\_\_\_\_\_  
Print Exact Name of Limited Liability Company Making Application

By



\_\_\_\_\_  
Signature of Authorized Person

# State of Florida



Department of State

I certify from the records of this office that ASHFIELD HEALTHCARE, LLC, is a limited liability company organized under the laws of the State of Florida, filed on July 2, 2002.

The document number of this company is L02000016615.

I further certify that said company has paid all fees due this office through December 31, 2012, that its most recent annual report was filed on January 30, 2012, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twentieth day of February, 2013



CR2EO22 (1-11)

*Ken Detzner*  
Ken Detzner  
Secretary of State



# 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. RALPH MOLLIS

*Secretary of State*

