

Filing Fee: \$50.00

ID Number: 160076



**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

**FILED**

**APR 04 2013**

**BUSINESS CORPORATION**

BY JMD 12:26

**APPLICATION FOR CERTIFICATE OF WITHDRAWAL** 29-194470

Pursuant to the provisions of Section 7-1.2-1412 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is Newport Health Network, Inc.
2. It is incorporated under the laws of California
3. It is not transacting business in the state of Rhode Island.
4. It hereby surrenders its authority to transact business in the state of Rhode Island.
5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Secretary of State of the State of Rhode Island.
6. The post office address to which the Secretary of State may mail a copy of any process against the corporation that is served on the Secretary of State:  
215 Shuman Blvd, Suite 401, Naperville, IL 60563
7. As required by Section 7-1.2-1413 of the General Laws, the corporation has paid all fees and taxes.
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.
9. This Application for Certificate of Withdrawal shall be effective upon filing unless a specified date is provided which shall be no later than the 90<sup>th</sup> day after the date of this filing \_\_\_\_\_

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

Date: June 21, 2012

Marcello Celentano  
Signature of Authorized Officer of the Corporation

Marcello Celentano, President

Type or Print Name of Authorized Officer



STATE OF RHODE ISLAND AND  
PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

C J BERGNER  
PARASEARCH INC  
222 JEFFERSON BLVD STE 200  
WARWICK, RI 02888

## LETTER OF GOOD STANDING

It appears from our records that **NEWPORT HEALTH NETWORK INC** has filed all the required returns due to be filed and paid all taxes indicated thereon and is in good standing with this Division as of **03/15/2013** regarding any liability under the Rhode Island Business Corporation Tax Law.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

## WITHDRAWAL DUE TO MERGER

Very truly yours,

David M. Sullivan  
Tax Administrator

Steven A. Cobb, Chief Revenue Agent  
Office Audit and Discovery

2013 APR -4 PM 12:25  
STATE OF RHODE ISLAND  
DIVISION OF TAXATION

64431526:10396206  
DLN: 0155478001



# 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*

