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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

FILED

MAY 30 2013

NON-PROFIT CORPORATION

APPLICATION FOR  
CERTIFICATE OF WITHDRAWAL

BY 29-198238 A.A.  
12:14 pm

Pursuant to the provisions of Section 7-6-83 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign non-profit 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 Associated Physicians of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.
2. It is incorporated under the laws of Commonwealth of Massachusetts
3. It is not conducting affairs in the state of Rhode Island.
4. It hereby surrenders its authority to conduct affairs in the state of Rhode Island.
5. It revokes the authority of its registered agent in Rhode Island 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 Rhode Island during the time the corporation was authorized to conduct affairs in Rhode Island may hereafter 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 may be served on him or her is:

375 Longwood Avenue, 3rd Floor, Boston, Massachusetts 02215

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2013 MAY 30 PM 12:14

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

Date: 5/29/13

Associated Physicians of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Inc.

Print Exact Name of Corporation Making Application

By Stuart A. Rosenberg  
Stuart A. Rosenberg, M.D.  
☒ President or ☐ Vice President (check one)

AND  
By Edward Grab  
Edward Grab, Clerk  
~~xxxxxx Secretary xxxxx Assistant Secretary (check one)~~



# 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*

