Filing and License Fee: \$310.00 minimum



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

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

CORPORATIONS DIV

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The	The name of the corporation is Tele-Physicians, P.C.								
2.	lt is	It is incorporated under the laws of GA								
3.	The name, if different, which it elects to use in Rhode Island is:									
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation properties", or "limited" or an abbreviation thereof, then list the name of the corporation with the adaptive corporate endings for use in Rhode Island:						orporation does not contain the word "corporation", "company" n list the name of the corporation with the addition of one of the				
	(b)	qualify	the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation with alify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this oplication:							
4.	The date of its incorporation is 9/10/2009 and the period of its duration is Perpetual									
5.	The	address	s of its principal office i	S 11 Hambleton Co	urt Baltir	more, MD 21208				
6.	The address of its proposed registered office in Rhode Island is 222 Jefferson Boulevard, Suite 200									
	Warwick				(Street Address, not P.O. Box)					
	774	WICK	(City/Town)	, RI <u>02</u>	p Code)	and the name of its proposed registered agent in Rhode Island at				
	that address is Corporation Service Company									
	tnat	address	s is		(Name	e of Agent)				
7.	The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:									
	Physican Services									
					•••					
8.			imes and respective a		ctors (opt	ional unless directors are required under the laws of the state or				
			Name	<u>9</u> .		<u>Address</u>				
	Direc	ctor	Dr. Heather Linn			1768 Business Center Drive, Suite 100, Reston, VA 20190				
	Direc	ctor								
	Direc	ctor								
Director										
	OCT 2 4 2014									
				لار	6124	2014				
	-	No. 150 sed: 06/1		By O	35	2014				

	,	rhich it is incorporated).		Addes				
	December 1	<u>Name</u> Dr. Heather Linn	1769 Business C	<u>Address</u> 1768 Business Center Drive, Suite 100, Reston, VA 2019				
	President	Di. Heatilei Liilli	1100 Dusiliass C	eliter Drive, Suite 100, Reston, VA 2014				
	Vice President							
	Treasurer							
	Secretary							
9.	The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value and series, if any, within a class, is: Par Value or Statement that							
	Number of Shar	res <u>Class</u>	<u>Series</u>	Shares are without Par Value				
	200	common	-	without par valule				
				711944				
10.	(a) \$_0 following year, v	= An estima wherever located.	te of the value of all property	to be owned by the corporation for the				
	(b) \$_0 Island during the	= An estimat	e of the value of the corporat	ion's property to be located within Rhode				
	•	••	nercentage of the proportion t	hat the estimated value of the property of				
	the corporation to be owned during	to be located within this state during the following year, wherever located	the following year bears to the	value of all property of the corporation to				
	(a) \$ 32,000,000 during the follow	= An estimat	e of the gross amount of busi	ness to be transacted by the corporation				
I	(b) \$ 300,000 or from places o	\$ 300,000 = An estimate of the gross amount of business to be transacted by the corporation or from places of business in Rhode Island during the following year.						
((c) 0.94 transacted by th thereof which wi the percentage}	e corporation at or from places of build be transacted by the corporation d	usiness in this state during the	that the gross amount of business to be following year bears to the gross amount de (b) by (a) and multiply by 100 to obtain				
12. T	This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.							
13.	This Application for C	Certificate of Authority shall be effective	e upon filing unless a specified	date is provided which shall be no later				
	than the 90th day afte	er the date of this filing						
			Application for Certificate of attachments, and that all standards	clare and affirm that I have examined this Authority, including any accompanying atements contained herein are true and				
Date:	October 22, 2014	·	Signature of Author	ized Officer of the Cornection				
			Signature of Authorized Officer of the Corporation					
			Dr. Heather Linn					

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER

: 09064330 DATE INC/AUTH/FILED : September 10, 2009

JURISDICTION PRINT DATE

: Georgia : October 13, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

TELE-PHYSICIANS, P.C. A Domestic Professional Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B: P.L Brian P. Kemp Secretary of State

