Filing Fee: $150.00 **ID Number:** _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

2015 NOV 23 AM 10:11

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 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:

   PHARMACEUTICAL CARE INTEGRATION, LLC

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 California

4. The date of its organization is 2/27/2013

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:

   450 Veterans Memorial Parkway (Street Address, not P.O. Box) East Providence (City/Town), RI 02914 (Zip Code)

   and the name of the resident agent at such address is Business Filings International, 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:

   2151 Michelson #260, Irvine, California 92612

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

   2151 Michelson #260, Irvine, California 92612

Form No. 450
Revised: 01/99

FILED
NOV 23 2015
By
A. A. 10:11A.

10. The limited liability company is to be managed by:

(Check one box only)

[X] its members *or* [ ] by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

Manager	Address

12. 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.

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: 11/11/2015

PHARMACEUTICAL CARE INTEGRATION, LLC
Print Exact Name of Limited Liability Company Making Application

By _____
Signature of authorized person

Michael A. Uranga, Member

Effective 06/17/2013 the Rhode Island offices of

CT Corporation System
Business Filings International, Inc.
National Registered Agents, Inc.
CorpDirect Agents, Inc.

moved to

450 VETERANS MEMORIAL
PARKWAY, SUITE 7A
EAST PROVIDENCE, RI 02914

State of California
Secretary of State

CERTIFICATE OF STATUS

2015 NOV 23 AM 10:11

ENTITY NAME: PHARMACEUTICAL CARE INTEGRATION, LLC

FILE NUMBER:	201305810312
FORMATION DATE:	02/27/2013
TYPE:	DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 16, 2015.

ALEX PADILLA
Secretary of State

RYM

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

November 23, 2015 10:11 AM

Nellie M. Gorbea
Secretary of State

128079-1-1079908