Filing and License Fee: \$310.00 minimum

ID Number: 15960



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

BUSINESS CORPORATION

CHEU05005461

APPLICATION FOR CERTIFICATE OF AUTHORITY

corporati	to the provisions of Section on hereby applies for a Certi ving statement:	7-1.2-1405 of the Gene ficate of Authority to trans	eral Laws of Rhode Island, 1956, as amended, the undersigned foreign sact business in the State of Rhode Island, and for that purpose submits
1. The n	ame of the corporation is	irstCall HealthCare, I	nc.
2. It is in	corporated under the laws of	Delaware	
3. The na	ame, if different, which it elec	ts to use in Rhode Island	is:
	If the name of the corpora "incorporated," or "limited," o above corporate endings for t	r an abbreviation thereo	of incorporation does not contain the word "corporation," "company," f, then list the name of the corporation with the addition of one of the
(If the corporate name is not a qualify and transact busines: application:	ivailable in Rhode Island, s in Rhode Island as st	then set forth below the fictitious name under which the corporation will ated in the "Fictitious Business Name Statement" to be filed with this
4. The da	ate of its incorporation is	une 27, 2006	and the period of its duration is Perpetual
5. The ac	Idress of its principal office in	the state or country unde	er the laws of which it is incorporated is C/o Corporation
			Rd, Suite 400, Wilmington, DE 19808
6. The ad	dress of its proposed register	ed office in Rhode Island	is 222 Jefferson Blvd., Suite 200
			(Street Address, not P.O. Box)
Warw	(City/Town)	, RI <u>02888</u> (Zip Cod	and the name of its proposed registered agent in Rhode Island at e)
that ad	dress is National Regis	tered Agents, Inc.	
			Name of Agent)
7. The pu	rpose or purposes which it pre	oposes to pursue in the tr	ransaction of business in Rhode Island are:
	e health diagnostic servi		
	names and respective addre	sses of its directors (option	onal unless directors are required under the laws of the state or country
		<u>Name</u>	<u>Address</u>
Dire			One Liberty Square, Boston, MA 02109
Dire			One Liberty Square, Boston, MA 02109
Dire	ctor Mark Taber	•	One Liberty Square, Boston, MA 02109

One Liberty Square, Boston, MA 02109

Form No. 150 Revised: 12/05

Director

Nicholas Cayer

00%

		y of which it is incorporated). <u>Name</u>		<u>Address</u>
	President	Jeff Burton	One Liberty Square, Boston, MA 02109	
	Vice President			
	Treasurer			
	Secretary	Nicholas Cayer	One Liberty Square, Boston, MA 02109	
9.	The aggregate num and series, if any, v	nber of shares which it has authority within a class, is:	to issue, itemized by classes, par	value of shares, shares without par value,
	Number of	Shoree	0.4	Par Value or Statement that
	30,000,000		<u>Series</u> 1 Series A	Shares are without Par Value \$0.01
	37,500,000		Beiles A	\$0.01
	7,500,000	Common	Class A	\$0.01
11.	 (b) An estimate of \$187,505 (c) An estimate, explorated within the following year, (a) An estimate of \$1,817,1 (b) An estimate of Island during the (c) An estimate explorate explorate explorates and the following the follow	cypressed as a percentage, of the properties state during the following year between located, is 5.58 If the gross amount of business to the gross amount of business to the following year is \$ 511,466 Expressed as a percentage, of the properties of business in this state by the corporation during the following	reportion that the estimated value ars to the value of all property of %. [divide (b) by (a) and multiple be transacted by the corporation	de Island during the following year is of the property of the corporation to be the corporation to be owned during the oly by 100 to obtain the percentage]. The ration during the following year is at or from places of business in Rhode and of business to be transacted by the to the gross amount thereof which will (b) by (a) and multiply by 100 to obtain
	This application is ac	companied by a certificate of Good	Standing issued by the proper off	
12.	of which it is incorpo	rated.	sizinag lobbod by the proper of	icer of the state or country under the laws
13.	This Application for C	aled.		date is provided which shall be no later

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIRSTCALL HEALTHCARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRSTCALL HEALTHCARE, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SATARY'S OFFICE OF THE PARTY OF

Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 5156166

DATE: 10-30-06

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