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

SECRETARY OF STATE

2:43

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 name of the corporation is HOST HEALTHCARE, INC.									
2.	It is	It is incorporated under the laws ofDELAWARE								
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" incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition above corporate endings for use in Rhode Island:									
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporati qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with application:									
4.	The	date of	fits incorporation is 07/23/2012	and the period of its duration is PERPETUAL	_					
5.	The	The address of its principal office is 9540 TOWNE CENTER DRIVE, SUITE 150, SAN DIEGO, CA 92121								
6.		The address of its proposed registered office in Rhode Island is 450 Veterans Memorial Parkway, Suite 7A,								
•		(Street Address, not P.O. Box)								
		East Providence BI 02914 and the name of its proposed registered egent in Physical Island								
			(City/Town) (Zip	Code)	aı					
				C T Corporation System	<u></u>					
				(Name of Agent)						
7.	The	The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:								
	PROVIDE HEALTHCARE PROFESSIONALS ON SHORT TERM ASSIGNMENTS TO MEDICAL FACILITIES									
	IN THE U.S. AS NEEDED.									
8.	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state o country of which it is incorporated).									
			<u>Name</u>	Address						
	Dire	ctor	ADAM FRANCIS	9540 TOWNE CENTRE DR. STE 150 SAN DIEGO, CA 92121						
	Dire	ctor		FII FD C	_					
	Dire	ctor			_					
	Director			JUN 0 7 2016						
	Form	No. 150		BY CM 276/18						

Revised: 06/11

		<u>Name</u>			<u>Address</u>				
Pi	resident	ADAM FRANCIS GAYLE MARSII		9540 TOWNE CENT	9540 TOWNE CENTRE DR. STE 150 SAN DIEGO, CA 92121 9540 TOWNE CENTRE DR. STE 150 SAN DIEGO, CA 92121				
Vi	ice President			9540 TOWNE CENT					
Tr	reasurer	-							
Se	ecretary								
	·								
9. Th	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:								
	Number of Shar		Class	Sories	Par Value or Statement that				
50	00,000		Common	<u>Series</u>	Shares are without Par Value				
	<u>, , , , , , , , , , , , , , , , , , , </u>		Common	Founder Shares	\$.001				
<u> </u>			-						
	100.000								
0. (a)	(a) \$		= An estim	nate of the value of all prop	erty to be owned by the corporation for t				
(b)	\$ <u>0</u>			man of the column					
(-)	Island during the	following year.	~ An estim	ate of the value of the corp	oration's property to be located within Rho				
(c)	0	% = An estim	sate everessed as	3 poroonings of the access to	the state of the state of				
(-)	the corporation to be located within this state during the following year boars to the active estimated value of the property								
		the following yo	ear, wherever locate	ed. (divide (b) by (a) and mult	inly by 100 to obtain the percentage)				
1. (a)	\$ 26,000,000 during the follow	ing year	= An estimate of the gross amount of business to be transacted by the corporation						
	-	ing year.							
(b)	(b) $\frac{1,000}{\text{or from places of business in Rhode Islan}} =$			An estimate of the gross amount of business to be transacted by the corporation a					
(0)	0			- •					
(c)	transacted by the				tion that the gross amount of business to t the following year bears to the gross amou fivide (b) by (a) and multiply by 100 to obta				
	s application is ac	accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the accrporated.							
l. This	s of which it is inco								
	o or which it is mot	ertificate of Auth	nority shall be effect	ive upon filing unless a speci	fied date is provided which shall be no later				
3. This	o or which it is mot			ive upon filing unless a speci	fied date is provided which shall be no later				
3. This	s Application for C			ive upon filing unless a speci	fied date is provided which shall be no later				
3. This	s Application for C			Under penalty of perjury, I Application for Certificate	declare and affirm that I have examined the				
3. This than	s Application for C			Under penalty of perjury, I Application for Certificate attachments, and that all	fied date is provided which shall be no later declare and affirm that I have examined the of Authority, including any accompanying statements contained herein are true and the				
3. This	s Application for C			Under penalty of perjury, I Application for Certificate attachments, and that all correct.	declare and affirm that I have examined the of Authority, including any accompanying statements contained herein are true and				
than	s Application for C			Under penalty of perjury, I Application for Certificate attachments, and that all correct. Signature of Automatics Signature of Automatics Signature 2 Automatics Signature 2 Automatics Signature 3 Automatics Signatur	declare and affirm that I have examined the				

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOST 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 TWENTY-SIXTH DAY OF APRIL, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS A NON-STOCK CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

LANCE OF COMMENTS OF COMMENTS

Authentication: 202209936

Date: 04-26-16

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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

