



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

APPLICATION FOR RESERVATION OF ENTITY NAME

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing (other than as provided under Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended).

RECORDED
R.I. DEPT. OF STATE
2017 JAN -3 PM 2:55

RegionalCare Hospital Partners, Inc.

(Name to be Reserved)

The name is being reserved for the following type of entity pursuant to the applicable statutory provision:

(Check One Only)

- | | <u>Filing Fee</u> |
|--|-------------------|
| <input checked="" type="checkbox"/> Business Corporation (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended. | (\$50.00) |
| <input type="checkbox"/> Limited Partnership (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended. | (\$50.00) |
| <input type="checkbox"/> Limited Liability Company (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended. | (\$50.00) |
| <input type="checkbox"/> Non-Profit Corporation (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended. | (\$20.00) |

The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the Secretary of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.

FILED

18:55

JAN 03 2017

BY 4292833

Date: December 27, 2016

Name and Address of Applicant:

RegionalCare Hospital Partners, Inc.

103 Continental Place, Suite 200

Brentwood, TN 37027

Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.

Submitted by:

Susan H. Vaughan
(Signature)

12/27/2016

Susan H. Vaughan

3416 Valley Brook Rd., Nashville, TN 37215

(Address, if different from above)



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:

Nellie M. Gorbea
Secretary of State

