

No Filing Fee (See Instructions)

ID Number: 506325



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

APPLICATION FOR TRANSFER OF AUTHORITY

General Healthcare Resources, LLC

(Insert full name of the entity following the transfer)

SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (*check one box only*):

- Non-Profit Corporation *or* Business Corporation *or* Limited Liability Company *or*
- Limited Partnership *or* Limited Liability Partnership

submits the following Application for the purpose of transferring its authority to a (*check one box only*):

- Limited Partnership *or* Limited Liability Company *or* Business Corporation *or*
- Limited Liability Partnership *or* Non-Profit Corporation

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 MAR 24 PM 1:08

- a. The name of the entity filing this application for transfer is:
General Healthcare Resources, Inc.
- b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island:
04-22-2009
- c. The jurisdiction upon transfer of authority:
Delaware
- d. The name of the entity following the transfer of authority is:
General Healthcare Resources, LLC
- e. The application for transfer is filed as an accompanying certificate to the certificate of registration for a limited partnership *or* application for registration for a limited liability company *or* application for certificate of authority for a business corporation *or* application for certificate of authority for a non-profit corporation *or* notice of registration for a registered limited liability partnership (*check one box only*).
- f. The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.

1:06 pm

FILED

MAR 24 2017

BY KM

SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: 3/16/17

Print Name of Other Entity

OR

Print Name of Partnership

By: _____
Signature of Authorized Person

By: _____
Signature of Partner

By: _____
Signature of Authorized Person

By: _____
Signature of Partner

By: _____
Signature of Partner

General Healthcare Resources, Inc.

Print Name of Corporation

OR

Print Name of Limited Liability Company

By: [Signature]
Signature of Authorized Person

By: _____
Signature of Authorized Person

By: _____
Signature of Authorized Person

By: _____
Signature of Authorized Person