

No Filing Fee (See Instructions)

ID Number:

2017634



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

Careworks Managed Care Services, Inc.
(Insert full name of the entity following the transfer)

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS
2017 JUL 14 AM 9:57

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 hereby certifies that the entity is a 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

a. The name of the entity filing this application for transfer is:

Careworks managed care services Inc.

b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island:

February 8, 2008

c. The jurisdiction upon transfer of authority:

Delaware

d. The name of the entity following the transfer of authority is:

CareWorks Managed Care Services, Inc.

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 the entity is incorporated.

FILED
JUL 14 2017
BY 208259
A.A. 9:57 A.M.

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: 7/13/17

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

CareWorks Managed Care Services, Inc.

Print Name of Corporation

OR

Print Name of Limited Liability Company

By: Michael H. J.
Signature of Authorized Person

By: _____
Signature of Authorized Person

By: _____
Signature of Authorized Person

By: _____
Signature of Authorized Person



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:

July 14, 2017 09:57 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

