



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

2017 AUG 10 PM 1:33


RECEIVED  
RI DEPT. OF STATE  
BUS SVCS DIV

## Application for Certificate of Withdrawal

FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-1412 and 7-1.2-1413, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <b>000585068</b>	2. The name of the corporation is: <b>Concentra Health Care, P.A.</b>
3. It is incorporated under the laws of: <b>Texas</b>	
4. The corporation is not transacting business in this state and surrenders its authority to transact business in this state.	
5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Department of State of the State of Rhode Island.	
6. The post office address to which the Department of State may mail a copy of any service of process against the corporation that is served on the Department of State: <b>500 West Main St., Legal Department 21st Floor, Louisville, KY 40202</b>	
7. As required by RIGL 7-1.2-1413, the corporation has paid all fees and taxes. RI Division of Taxation's <b>ORIGINAL</b> letter of good standing (LOGS) for the purpose of withdrawal <b>MUST</b> accompany this form.	
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.	
9. Date when this certificate of withdrawal will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Officer <b>Roy A. Beveridge, M.D.</b>	Date <b>8/8/2017</b>
Signature of Authorized Officer of the Corporation 	
SIGN DOCUMENT HERE	

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

**AUG 10 2017**

BY STUCCO

*KMM*

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



STATE OF RHODE ISLAND AND  
PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

ID#  
585068

CONCENTRA HEALTH CARE, P.A. / c/o HUMANA INC.  
ATTN: SUSAN CRUMP 21ST FL LEGAL DEPT  
500 WEST MAIN STREET,  
LOUISVILLE, KY 40202

## LETTER OF GOOD STANDING

It appears from our records that **CONCENTRA HEALTH CARE, P.A.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date.

**CONCENTRA HEALTH CARE, P.A.** is in good standing with the Rhode Island Division of Taxation as of **07/28/2017**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

## WITHDRAWAL FOR SECRETARY OF STATE

This letter of good standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,

Neena Savage  
Tax Administrator

Marc R. Levasseur  
Supervising Revenue Officer  
Compliance and Collections

274757941:12142237  
DLN: 10000150032



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:

August 10, 2017 01:33 PM

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*

