

6. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Corporate Name of the Non-Profit Corporation

YALE NEW HAVEN HEALTH SERVICES CORPORATION

Type or Print Name of the President OR Vice President

Richard D'Aquila

Date

February 8, 2018

Signature of President OR Vice President



SIGN DOCUMENT HERE

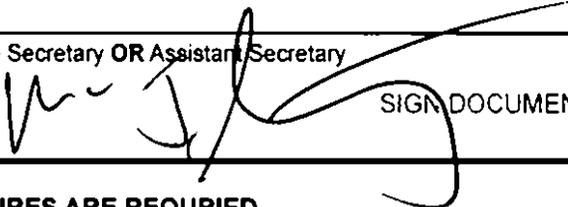
Type or Print Name of the Secretary OR Assistant Secretary

William J. Aseltyn, Esq.

Date

February 8, 2018

Signature of the Secretary OR Assistant Secretary



SIGN DOCUMENT HERE

TWO SIGNATURES ARE REQUIRED

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

YALE NEW HAVEN HEALTH SERVICES CORPORATION

a domestic NONSTOCK corporation, was filed in this office on December 14, 1983.

A certificate of amendment for YALE-NEW HAVEN HEALTH SERVICES CORPORATION,
changing its name to YALE NEW HAVEN HEALTH SERVICES CORPORATION, was filed on
December 22, 2016.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as
indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: February 07, 2018