

Filing Fee: \$150.00

ID Number: 161932



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**

2007 FEB 22 PM 12:38

SECRETARY OF STATE  
CORPORATIONS DIV.

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Prompt CARE New ENGLAND Respiratory, LLC.

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of

DELAWARE

4. The date of its organization is

MARCH 16, 2006

5. The period of duration of the limited liability company is (if perpetual, so state)

perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

2075 NOOSEWICK HILL RD Coventry, RI 02816  
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is

Peter Yates  
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

Promptcare 51 Terminal Ave, Clark, NJ 07066

9. The mailing address for the limited liability company is:

2075 NOOSEWICK HILL RD  
Coventry, RI 02816

**FILED**

FEB 22 2007

By

AMF  
11-17534

10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed by its members. (If you have checked this box, go to Item no. 11.)

or

- B. The limited liability company is to be managed ☒ by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)

<u>Manager</u>	<u>Address</u>
Peter Yates	11 Virginia Lane, Newburyport MA
Kevin Lekites	62 PinOak Drive Exeter, RI 02822

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

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

Date: 2/15/07

Promptcare New England Respiratory  
Print Exact Name of Limited Liability Company Making Application cle

By

[Signature]  
Signature of authorized person

# Delaware

PAGE 1

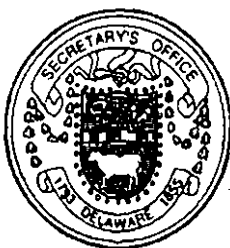
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "PROMPTCARE NEW ENGLAND RESPIRATORY, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE SIXTEENTH DAY OF MARCH, A.D. 2006, AT 2:31 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "PROMPTCARE NEW ENGLAND RESPIRATORY, LLC".



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070016333

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5331943

DATE: 01-05-07

**CERTIFICATE OF FORMATION**

**OF**

**PROMPTCARE NEW ENGLAND RESPIRATORY, LLC**

To: The Secretary of State

State of Delaware

THE UNDERSIGNED, being the age of eighteen years or over, for the purpose of forming a limited liability company pursuant to the provisions of the Delaware Limited Liability Company Act, 6 Del. C. §18-101, et seq., does hereby execute the following Certificate of Formation:

FIRST: The name of the limited liability company is PromptCare New England Respiratory, LLC.

SECOND: The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, DE 19808, in the county of New Castle. The name of its Registered Agent at such address is Corporation Service Company.

THIRD: This Certificate of Formation shall be effective on the date of filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of PromptCare New England Respiratory, LLC this 16<sup>th</sup> day of March, 2006.

By: /s/ David F. Broderick  
David F. Broderick  
Authorized Person