

\$150.00

Filing fee: ~~500.00~~  
License fee: \$15.00 minimum  
(Section 7-1.1-124)

Corporate ID \_\_\_\_\_

**APPLICATION FOR  
CERTIFICATE OF AUTHORITY  
OF**

~~..... FORTIS Healthcare Corporation .....~~

To the Secretary of State  
of the State of Rhode Island

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

FIRST: The name of the corporation is ~~..... FORTIS Healthcare Corporation .....~~

SECOND: The name which it elects to use in Rhode Island is

FORTIS HEALTH CARE CORPORATION.....

(If the name of the corporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation of one of such words, insert the name of the corporation with the word or abbreviation which it elects to add thereto for use in Rhode Island;)

THIRD: It is incorporated under the laws of California.....

FOURTH: The date of its incorporation is 11/8/78..... and the period of its duration is Perpetual.....

FIFTH: The address of its principal office in the state or country under the laws of which it is incorporated is 2121 SW Broadway #333, Portland Or 97201.....

SIXTH: The address of its proposed registered office in Rhode Island is 123 Dyer St. Providence, RI 02903..... and the name of its proposed registered agent in Rhode Island at that address is C. T. Corporation System.....

SEVENTH: The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are

Vocational rehabilitation and Medical  
Management services

REC'D / FORTIS

MAY 10 1991

NW REGION OFFICE

**EIGHTH: The names and respective addresses of its directors and officers are:**

<u>Name</u>	<u>Office</u>	<u>Address</u>
V. Gordon Clemons	Director	1920 Main Street, #1080, Irvine, CA 92714
	Director	
	Director	
V. Gordon Clemons	President	1920 Maint St #1080, Irvine, CA 92714
	Vice President	
Larry Liewer	Secretary	2121 SW Broadway #333, Portland, OR 97201
	Treasurer	

**NINTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:**

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
1,000,000	Common		No Par Value

**TENTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:**

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
1500	Common		No Par Value

**ELEVENTH:** An estimate of the value of all property to be owned by it for the following year, wherever located, is \$ 3,000,000

**TWELFTH:** An estimate of the value of its property to be located within Rhode Island during such year is \$

**THIRTEENTH:** An estimate of the gross amount of business to be transacted by it during such year is \$ 7,500

**FOURTEENTH:** An estimate of the gross amount of business to be transacted by it at or from places of business in Rhode Island during such year is \$ 75,000

**FIFTEENTH:** This Application is accompanied by a copy of its articles of incorporation and all amendments thereto, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated \_\_\_\_\_, 19 \_\_\_\_\_

FORTIS Healthcare Corporation  
[Exact Corporate Name of Corporation Making Application]

By [Signature] V Gordon Clemons  
Its President  
and [Signature] Larry Liewer  
Its Secretary

STATE OF CALIFORNIA }  
COUNTY OF ORANGE } Sc.

At Newport Beach in said County on the 15th day  
of May 19 91, before me personally appeared  
V. GORDON CLEMONS, who being by me first duly sworn, declared that  
he is the President of FORTIS Healthcare Corporation,  
that he signed the foregoing document as such President of the  
corporation, and that the statements therein contained are true.

[Signature]  
Notary Public

(NOTARIAL SEAL)



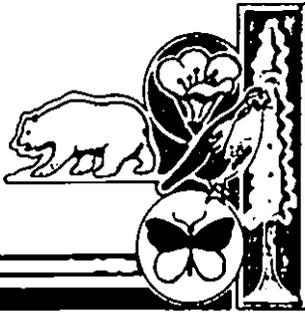
RECEIVED  
SECRETARY OF STATE  
CORPORATION DIV.

JUL 1 1991

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Rec'd & Filed  
AMT  
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CORPORATION DIV.  
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# State of California

OFFICE OF THE SECRETARY OF STATE

FORTIS HEALTHCARE CORPORATION

I, *MARCH FONG EU*, Secretary of State of the State of California, hereby certify:

That the annexed transcript was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this

MAY 13 1991



*March Fong Eu*

Secretary of State