

No Filing Fee (See Instructions)

ID Number: 001699995



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAY 12 PM 12:58

APPLICATION FOR TRANSFER OF AUTHORITY

AllCare Plus Pharmacy, Inc.

(Insert full name of the entity following the transfer)

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 duly 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:

AllCare Plus Pharmacy, Inc.

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

09/16/2019

c. The jurisdiction upon transfer of authority:

MA

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

AllCare Plus Pharmacy LLC

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 it is incorporated.

Form 612
05/12

FILED

MAY 12 2020

BY K.G. CAB
A.A. 12:58p.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: 5/7/2020

Print Name of Other Entity

By: _____
Signature of Authorized Person

By: _____
Signature of Authorized Person

OR

Print Name of Partnership

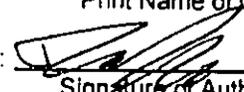
By: _____
Signature of Partner

By: _____
Signature of Partner

By: _____
Signature of Partner

AllCare Plus Pharmacy, Inc.

Print Name of Corporation

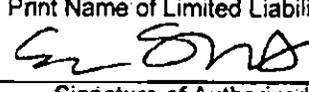
By:  _____
Signature of Authorized Person
Daniel Apelian, President

By: _____
Signature of Authorized Person

OR

AllCare Plus Pharmacy LLC

Print Name of Limited Liability Company

By:  _____
Signature of Authorized Person
Eric Sherbet, President of

By: _____ IQVIA RDS Inc., its Member _____
Signature of Authorized Person