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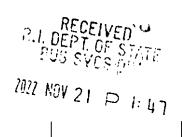


State of Rhode Island

Department of State - Business Services Division

Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number: 2. The full name of the entity filing this application is: 000150969 PRN Health Services, Inc. 3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY) X Business Corporation Limited Liability Company Non-Profit Corporation Limited Partnership Limited Liability Partnership 4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY) X Limited Liability Company (RIGL <u>7-16-52,1</u>) Business Corporation (RIGL 7-1.2-1411.1) Non-Profit Corporation (RIGL <u>7-6-80.1</u>) Limited Partnership (RIGL 7-13-52,1) Limited Liability Partnership (RIGL Title 7, as applicable) 5. The date the applicant qualified to conduct business in 6. The jurisdiction upon transfer of authority is: Rhode Island is: 09/29/2005 Wisconsin 7. The name of the entity following the transfer of authority is: PRN HEALTH SERVICES LLC

- 8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY
- Application for registration for a Limited Liabilty Company Application for certificate of authority for a Business Corporation Application for certificate of authority for a Non-Profit Corporation Certificate of registration for a Limited Partnership Notice of registration for a registered Limited Liability Partnership

8(a). This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good

Standing/Legal Existence from the current jurisdiction of the entity.

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: <u>www.sos.ri.gov</u> NOV 21 2022 BY NS 1755W

TO BE COMPLETED BY THE 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 above.	
Type or Print Name of Limited Liability Company	
PRN HEALTH SERVICES LLC	
Signature of Authorized Person	Date
Joe Davis, Member	11/18/2022
Signature of Authorized Person	Date
Type or Print Name of Corporation	
PRN Health Services, Inc.	
Signature of Authorized Person	Date
101 10 1/1/	11/18/2022
Michele Holden, Secretary Signature of Authorized Person	Date
Type or Print Name of Partnership	
Signature of Partner	Date
Signature of Partner	Date
Signature of Partner	Date
Type or Print Name of Other Entity	
Type of Finite Maine of Other Littly	
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Signature of Authorized Person	Date
Signature of Authorized Person	Date
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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
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:

November 21, 2022 01:47 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

