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 2016 NOV -7 PM 2:30

Notice of Registration

FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL 7-12-59, submits notice of its intent to transact business in the state of Rhode Island and for that purpose makes the following statement:

1. The name of the foreign limited liability partnership shall be:		
Practitioner Support Services, L.L.P.		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
ProHealth Partners		
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
Connecticut		
3. The address of the principal office is:		
Address 324 Elm Street, Suite 202B		
City/Town Monroe	State Connecticut	Zip Code 06468
4. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Highway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

NOV 07 2016

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FORM 550 - Revised: 08/2016

A.A. 2:30 p.m.

5. The name and address of all resident partners in Rhode Island is:

NAME	ADDRESS
N/A	

Check the box to indicate an attachment.

6. A brief statement of the business in which the partnership is engaged:

The purpose of the foreign limited liability partnership is to provide health care services and to have and to exercise all powers and privileges now or hereafter granted to a foreign limited liability partnership under the laws of the State of Rhode Island.

Check the box to indicate an attachment.

7. Any other information that the partnership determines to include:

Check the box to indicate an attachment.

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner

ProHealth Acquisition 2015, LLC

Date

11/4/2016

Signature of Partner



SIGN DOCUMENT HERE

Type or Print Name of Partner

Seth W. Alvord, Manager

Date

Signature of Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Partner

SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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 a certificate of limited liability partnership for

PRACTITIONER SUPPORT SERVICES, L.L.P.

a domestic limited liability partnership, was filed in this office on February 01, 2005.

A renunciation of status report has not been filed, and so far as indicated by the records of this office
such limited liability partnership is in existence.



Secretary of the State

Date Issued: November 04, 2016

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

