



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

2017 NOV 28 AM 10:27

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

**APPLICATION FOR
RESERVATION OF ENTITY NAME**

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing (other than as provided under Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended).

RegionalCare Hospital Partners, Inc.

(Name to be Reserved)

The name is being reserved for the following type of entity pursuant to the applicable statutory provision:

(Check One Only)

- | | <u>Filing Fee</u> |
|--|-------------------|
| <input checked="" type="checkbox"/> <u>Business Corporation</u> (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended. | <u>(\$50.00)</u> |
| <input type="checkbox"/> <u>Limited Partnership</u> (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended. | <u>(\$50.00)</u> |
| <input type="checkbox"/> <u>Limited Liability Company</u> (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended. | <u>(\$50.00)</u> |
| <input type="checkbox"/> <u>Non-Profit Corporation</u> (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended. | <u>(\$20.00)</u> |

The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the Secretary of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.

10:27
FILED

NOV 28 2017

BY 0318451

Date: November 11, 2017

Name and Address of Applicant:

RegionalCare Hospital Partners, Inc.

103 Continental Place, Suite 200

Brentwood, TN 37027

Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.

Submitted by:

Susan H. Vaughan
(Signature)

Susan H. Vaughan

3416 Valley Brook Rd., Nashville, TN 37215

(Address, if different from above)



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:

November 28, 2017 10:27 AM

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

