



State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

FILED

Fee: \$310.00

DEC 19 2022

BY AMF online
Filing

Foreign Corporation
Application for Certificate of Authority
(Section 7-1 2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Preferred Healthcare Registry, Inc

SECTION II

It is incorporated under the laws of State: CA Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing 12/19/2022

SECTION III

The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

SECTION IV

The date of its incorporation is 1/03/1994

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 4909 MURPHY CANYON RD

SUITE 310

City or Town: SAN DIEGO

State: CA

Zip: 92123

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD

SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENT SOLUTIONS, INC

SECTION VII

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

STAFFING TEMPORARY HEALTHCARE SERVICES IN ALLIED HEALTHCARE, RADIOLOGY AND ONCOLOGY.

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
CFO	JENNIFER HAWK	4909 MURPHY CANYON RD SAN DIEGO, CA 92123 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated)

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
CFO	JENNIFER HAWK	4909 MURPHY CANYON RD SAN DIEGO, CA 92123 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <small>Num of Shares</small>	
CWP	C	C	\$10 0000	1,000 00

SECTION X

(a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 0 .

(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0 .

(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0 %.

SECTION XI

(a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 48000 .

(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 68000 .

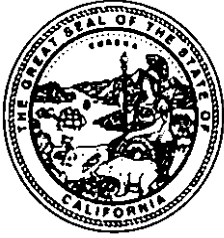
(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 1 % [divide (b) by (a) and multiply by 100 to obtain the percentage].

Signed this 19 Day of December, 2022 at 11:37:41 PM by the incorporator(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By JENNIFER HAWK
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: PREFERRED HEALTHCARE REGISTRY, INC.
Entity No.: 1869846
Registration Date: 01/03/1994
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 19, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 067462836

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



State of Rhode Island
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,
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:

December 19, 2022 11:37 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

