



DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
05/15/2017	201713501188	Conversion Within SOS Records (CVS)	99.00	0.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

UNISEARCH INC.
3958-D BROWN PARK DR
HILLIARD, OH 43026

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

918900

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

GENERAL HEALTHCARE RESOURCES, LLC

and, that said business records show the filing and recording of:

Document(s)

Conversion Within SOS Records

Effective Date: 05/12/2017

CHANGE BUSINESS TYPE FOR. PROFIT LIM. LIAB. CO.

Document No(s):

201713501188



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
15th day of May, A.D. 2017.

Ohio Secretary of State



Form 700 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 468-3910

www.OhioSecretaryofState.gov

busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 1329

Columbus, OH 43218

Expedite Filing (Two business day processing time.

Requires an additional \$100.00)

P.O. Box 1390

Columbus, OH 43218

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio
Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio
Secretary of State**

(187-VXX)

Name of the converting entity General Healthcare Resources, Inc.Jurisdiction of Formation PennsylvaniaCharter/Registration Number 918900

The converting entity is a:
 (Check Only (1) One Box)

☐ Domestic Corporation (For-Profit or Nonprofit)☒ Foreign Corporation (For-Profit or Nonprofit)☐ Domestic Nonprofit Limited Liability Company☐ Foreign Nonprofit Limited Liability Company☐ Domestic For-Profit Limited Liability Company☐ Foreign For-Profit Limited Liability Company☐ Partnership☐ Domestic Limited Partnership☐ Foreign Limited Partnership☐ Domestic Limited Liability Partnership☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists
 and that those laws permit the conversion.

 RECEIVED
 2017 MAY 12 PM 4:10
 CLIENT SERVICE CENTER

Name of the converted entity **General Healthcare Resources, LLC**Jurisdiction of Formation **Delaware**

The converted entity is a:

(Check Only (1) One Box)☐ Domestic Corporation (For-Profit)☐ Partnership☐ Foreign Corporation (For-Profit or Nonprofit)☐ Domestic Limited Partnership☐ Domestic Nonprofit Limited Liability Company☐ Foreign Limited Partnership☐ Foreign Nonprofit Limited Liability Company☐ Domestic Limited Liability Partnership☐ Domestic For-Profit Limited Liability Company☐ Foreign Limited Liability Partnership☒ Foreign For-Profit Limited Liability Company

Effective Date

(Optional)

(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Jeffrey W. Crater

Name

2250 Hickory Road, Ste. 240

Mailing Address

Plymouth Meeting

City

PA

State

19462

Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

Ohio

State

44121

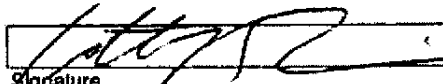
Zip Code

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required
Must be signed by an
authorized representative.


Signature President

By (if applicable)

Anthony Rossi

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

General Healthcare Resources, Inc.

Name of Corporation

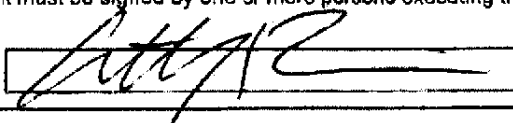
The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 *Only required for domestic for-profit corporations		Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413 Regular: P.O. Box 182413 Columbus, OH 43218-2413	May 12, 2017
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]	May 12, 2017	The corporation is not required to pay or the ☒ department of taxation has not assessed any personal property tax.	

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature



Title President

Anthony Rossi
Name

2250 Hickory Road, Ste. 240
Mailing Address

Plymouth Meeting
City

PA
State

19462
Zip Code

Sworn to and subscribed in my presence on 5/3/2017
Date

Seal



Commission Expires

6/25/2017
Date

AFFIDAVIT OF PERSONAL PROPERTY

State of PennsylvaniaCounty of Montgomery

Anthony Rossi

Name of Officer

President

Title of Officer

of

General Healthcare Resources, Inc.

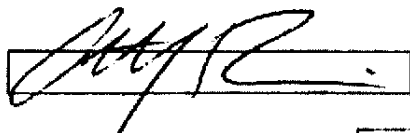
Name of Corporation

and that this affidavit is made in compliance with Section 1701.86(H)(1) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

☒ Has no personal property in any county in Ohio☐ Is the type required to pay personal property taxes to state authorities only☐ Has personal property in the following county (ies)

Signature:



Title: President

Sworn to and subscribed in my presence on Date

5/2/2017

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

JEFFREY W. CRATER, Notary Public
Plymouth Township, Montgomery County
My Commission Expires June 25, 2019
Notary Public

Expiration date of Notary Public's Commission

Date

6/25/2019



Form 533B Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 466-3810

www.OhioSecretaryofState.gov

busaerv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 670

Columbus, OH 43216

Expedite Filing (Two business day processing time.

Requires an additional \$100.00)

P.O. Box 1398

Columbus, OH 43216

Registration of a Foreign Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

- (1) ☒ Registration of a Foreign For-Profit Limited Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation Date of Formation

- (2) ☐ Registration of a Foreign Nonprofit Limited Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Capitol Corporate Services, Inc.

Name

4568 Mayfield Rd Ste 204

Mailing Address

Cleveland

City

Ohio

State

44121

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Jeffrey W. Crater

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name