

OHIO SECRETARY OF STATE
PROCESSING STATEMENT
10/06/95

CHARTER NUMBER: FL918900
ROLL AND FRAME: 5285-1285

05285-1285

CORPORATION:

GENERAL HEALTHCARE RESOURCES, INC.

DOCUMENT NUMBER

95092900801

CODE

FLF
PER

FEE

100.00
NO FEE

035035

RETURN TO: C T CORPORATION SYSTEM
ATTN R LAWRENCE
17 S HIGH ST
COLUMBUS OH 43215

TOTAL : 100.00

0138

05001-1286



The State of Ohio

Bob Taft
Secretary of State

FL 918900

Certificate

It is hereby certified that the Secretary of State of Ohio has custody of the Records of Incorporation and Miscellaneous Filings; that said records show the filing and recording of: FLF PER

of:

GENERAL HEALTHCARE RESOURCES, INC.

STATE OF INCORP:

TYPE OF LICENSE: PERMANANT

EXPIRATION DATE: VALID UNTIL CANCELLED FOR FAILURE TO FILE REPORTS

Recorded on Roll 5285 at Frame 1287 of
the Records of Incorporation and Miscellaneous Filings.

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 28TH day of SEP,
A.D. 1995.

Bob Taft
Bob Taft
Secretary of State



Prescribed by
Bob Taft, Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418
Form FLF (August 1992)

05285-1285

Approved	<u>8/28/93</u>
Date	<u>8/28/93</u>
Fee	<u>\$100</u>

95092900801

FOREIGN CORPORATION APPLICATION FOR LICENSE

- The name of the corporation is General Healthcare Resources, Inc.
- The application is made to secure a ☒ permanent ☐ temporary license.
- The corporation was incorporated on March 8, 1993 under the laws of the state of Pennsylvania
(month) (day) (year)
- The corporation's principal office is located at 525 Plymouth Road, Suite 308
(street)
Plymouth Meeting, Pennsylvania 19462
(city, village or township) (state) (zip code)
- The corporation's principal office within Ohio is to be located in Cleveland
(city, village or township)
In Cuyahoga County, Ohio 44114
(zip code)
(If the corporation will not have an office in the state of Ohio, please state this fact in line 5. NOTE: "N/A" is not acceptable.)
- The corporation hereby appoints the following as its statutory agent upon whom process against the corporation may be served in the state of Ohio. The name and complete address of the statutory agent is: (SEE INSTRUCTION NO. 4 ON SECOND PAGE)
C T Corporation System 815 Superior Avenue, N.E.
(name) (street)
Cleveland, Ohio 44114
(city, village or township) (zip code)
(NOTE: P.O. Box addresses are not acceptable.)
- The corporation irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the SECRETARY OF STATE IF:
(a) the agent cannot be found, or
(b) the corporation fails to designate another agent when required to do so, or
(c) the corporation's license to do business in Ohio expires or is cancelled.
- The corporation will exercise the following corporate purpose(s) in Ohio:
(Please provide a brief but specific description; a general purpose clause is not sufficient.)
Travel Nursing
- Has the corporation obtained a license to transact business in Ohio at any time in the past? ☐ yes ☒ no.
If yes, prior License No. _____ Issued _____
(date)
- The date on which the corporation began transacting business in Ohio:
☐ Date, _____
OR
☒ will begin business upon approval of application.
- Is this application being made to enable the corporation to prosecute or defend a legal action? ☐ yes ☒ no.
(SEE INSTRUCTION NO. 5 ON SECOND PAGE)
- The corporation has currently authorized 1,000,000 shares of stock and has issued 1,000,000 shares.

NOTARIZATION

STATE OF Pennsylvania

05285-1285

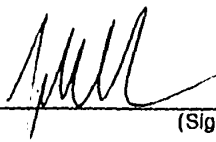
COUNTY OF Montgomery

ss.

I, John Quirk, being duly sworn, state that I am the☒ President☐ Vice President☐ Secretary☐ Treasurer of General Healthcare Resources, Inc.

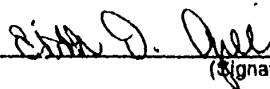
(name of corporation)

and that the foregoing statements are true and correct to the best of my knowledge and belief.



(Signature)

SWORN TO AND SUBSCRIBED IN MY PRESENCE

THIS 19th DAY OF September, 1995.

(Signature of notary)

My commission expires

NOTARY SEAL

Notarial Seal
Edith D. Gill, Notary Public
Whitemarsh Twp., Montgomery County
My Commission Expires May 25, 1999

INSTRUCTIONS

1. This application must be accompanied by an original certificate of good standing from the state in which the applicant is incorporated, dated not more than 60 days prior to the filing of the application. (O.R.C. 1703.04(A))
2. The filing fee for a permanent license is \$75.00 and for a temporary license is \$125.00. (O.R.C. 1703.04 (C), 1703.13)
3. The application must be signed by the president, vice-president, secretary or treasurer of the corporation and must be notarized. (O.R.C. 1703.041)
4. In Item 6, the agent for service of process may be (a) a natural person who is a resident of Ohio, or (b) an Ohio corporation or a foreign corporation licensed in Ohio which is explicitly authorized by its articles to act as statutory agent and which has a business address in Ohio. (O.R.C. 1703.041)
5. No foreign corporation which previously should have obtained a license to do business in Ohio shall maintain any action in any court until it has obtained such a license. Before the corporation shall maintain such action on any cause of action arising at the time when it was not licensed to transact business in this state, it shall pay to the Secretary of State a forfeiture of two hundred fifty dollars with this license application. (O.R.C. 1703.29) It is only under these circumstances that question no. 11 should be answered "yes". Under all other circumstances the answer to this question should be "no".

NOTE: Foreign corporations doing business in Ohio must file each year with the Secretary of State an Annual Statement of Proportion of Capital Stock (Form 7), showing activity in Ohio during the preceding calendar or fiscal year. This report is due March 31st, unless an extension has been requested in writing and has been granted. (O.R.C. 1703.07).

The report is separate and distinct from the Ohio Franchise Tax Report.

If the corporation has been doing business in Ohio prior to the date of licensing, it must submit a Form 7 for each of the years of unlicensed operation in Ohio, together with a certificate from the Ohio Department of Taxation showing that all applicable Franchise Taxes have been paid. For information on this certificate (D-4), call the Department of Taxation at 614-433-7636.



05500-1-100

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 22, 1995

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GENERAL HEALTHCARE RESOURCES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Gretta Kunkin".

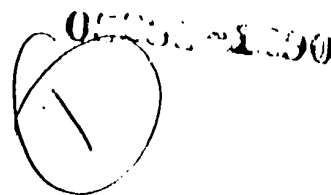
Secretary of the Commonwealth

CFEN



CT System

Sept. 28, 1995



CT Corporation System
17 South High Street
Columbus, OH 43215
614 621 1919
Fax: 614 621 1906

Secretary of State Corporation Division
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418

RE: General Healthcare Resources, Inc.
#346257

Dear Filing Clerk:

Attached please find the filing(s) listed below along with the appropriate fee.

- ___ Articles of Incorporation
- ___ Amendment/Amended Articles of Incorporation
- ___ Subsequent Appointment of Agent/Change of Address of Agent
- ___ Merger Documents/Certificate of Merger
- ___ Certificate of Name Change
- XX Foreign License Application
- ___ Certificate of Surrender/Dissolution
- ___ Trade/Fictitious Name Registration
- ___ Foreign Limited Partnership Application

___ SPECIAL INSTRUCTIONS:

Please send evidence of the filings to Ruth Lawrence at the address indicated above.
Thank you.

CORPORATION DIVISION