

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes Kentucky Secretary of State

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Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Autho (Foreign Business			FBE					
Pursuant to the provisions of KRS 1 on behalf of the entity named below	4A and KRS 271B, 273, 274,275, 362 and, for that purpose, submits the foll	and 386 the undersigned hereby owing statements:	applies for authori	ty to transact business in Kentucky					
. The entity is a: profit corporation (KRS 271B). nonprofit corporation (KRS 273). professional service corporation (KRS 274). business trust (KRS 386). limited liability company (KRS 275). professional limited liability company (KRS 275) limited partnership (KRS 362).									
Z. THE HATTLE OF THE ENTIRY IS	ratory Health Services LLC ne must be identical to the name on reco	rd with the Secretary of State.)	A						
3. The name of the entity to be use	(Only p	rovide if "real name" is unavailable l	for use; otherwise, l	eave blank.)					
4. The state or country under whos	e law the entity is organized is Maryl	and							
5. The date of organization is 10/1		and the period of duration is							
				nlank, the period of duration considered perpetual.)					
6. The mailing address of the entity	r's principal office is								
101 E. State Street		Kennett Square	PA	19348					
Street Address		City	State	Zip Code					
7. The street address of the entity's 421 W. Main, Frankfort, KY									
Street Address (No P.O. Box Numbers		City	State	Zip Code					
and the name of the registered age	nt at that office is CSC-Lawyer's I	ncorporating Service Comp	any						
	sses of the entity's representatives (se			r general partners):					
George V. Hager, Jr.	101 E. State Street	Kennett Square	PA	19348					
Name	Street or P.O. Box	City	State	Zip Code					
Robert A. Reitz	101 E. State Street	Kennett Square	PA	19348					
Name	Street or P.O. Box	City	State	Zip Code					
Michael S. Sherman	101 E. State Street	Kennett Square	PA	19348					
and treasurer are licensed in one or statement of purposes of the corporation. I certify that, as of the date of fill	ion, all the individual shareholders, no r more states or territories of the Unite	t less than one half (1/2) of the dir d States or District of Columbia to entity validly exists under the law:	render a professions of the jurisdiction	onal service described in the					
12. This application will be effective The effective date or the delayed effective date.	e upon filing, unless a delayed effective ffective date cannot be prior to the dat	e date and/or time is provided. e the application is filed. The date	e and/or time is	slaved effective date and/or time)					
M Shew	The state of the s	Michael S. Sherman, Senic		8/9/12					
Signature of Authorized Representati		Printed Name & Title		Date					
CSC-Lawyer's Incorporation Type/Print Name of Registered Age		consent to serve as the register	ed agent on behall	f of the business entity,					

Printed Name

(01/12)

## RESPIRATORY HEALTH SERVICES LLC OFFICERS (QUESTION #8 CONT'D)

Thomas Divittorio 101 E. State Street, Kennett Square PA 19348

David C. Almquist 101 E. State Street, Kennett Square PA 19348

Warren Burke 101 E. State Street, Kennett Square PA 19348



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings

Statement of Consent of Registered Agent

CRA

Fr (5	D Box 718 ankfort, KY 40602 02) 564-3490 ww.sos.ky.gov	(Domesti	ic or Foreign Bus	iness Entity)						
CC	ursuant to the provisions of onsents to act as registered flowing statements:	KRS 14A and KR agent on behalf o	S Chapter 271B, 27 of the business entity	3, 274, 275, 362 named below a	or 386, the undersig nd, for that purpose,	ned applicant submits the				
1.	The business entity is  a corporation (KRS 271B, KRS 273 or KRS 274)  a limited liability company (KRS 275)  a limited partnership (KRS 362)  a limited liability partnership (KRS 362)  a business trust (KRS 386)									
2.	The name of the business	entîty is Respirat	tory Health Services	LLC						
3.	The state or country of incorporation, organization or formation is Maryland									
4.	The name of the initial registered agent is CSC-Lawyers Incorporating Service Company									
5.	The street address of the	registered office a	address in Kentucky	is:						
4	21 W. Main, Frankfort, KY	40601								
St	reet Address (No Post Office B	ox Numbers)	City	State		Zip Code				
6. or	This application will be ef the delayed effective date	fective upon filing, cannot be prior to	unless a delayed ef the date the applica	fective date and tion is filed. The	or time is provided.  date and/or time is	The effective date (Delayed effective date and/or time)				
В	declare under penalty of pe CSC-Lawyers Incorporatin V: gnature of Registered Agent	rjury under the lav ig Service Compar	ny	ne forgoing is tru . Krayer, Ass		8/9/12				

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES , OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT RESPIRATORY HEALTH SERVICES LLC, REGISTERED OCTOBER 10, 1997, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 02, 2012.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

crblnk