

**Secretary of State****LLC-5**

202006310257

Application to Register a Foreign Limited Liability Company (LLC)**FILED** DyySecretary of State
State of California

MAR 02 2020

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This Space For Office Use Only**IMPORTANT — Read Instructions before completing this form.**

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.

Filing Fee — \$70.00**Copy Fees** — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov>.**1a. LLC Name** (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

Montecito Medical Operating Company, LLC

1b. California Alternate Name, if Required (See Instructions — Only enter an alternate name if the LLC name in 1a not available in California.)**2. LLC History** (See Instructions — Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)**a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)**

6 / 6 / 2012

b. Jurisdiction (State, foreign country or place where this LLC is formed.)

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c. Authority Statement (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2b.

3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
495 East Rincon Street, Ste 208	Corona	CA	92879
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code

4. Service of Process (Must provide either Individual OR Corporation.)**INDIVIDUAL** — Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (If agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (If agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

CORPORATION — Complete Item 4c only. Only include the name of the registered agent Corporation.**c. California Registered Corporate Agent's Name** (If agent is a corporation) — Do not complete Item 4a or 4b

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5. Read and Sign Below (See Instructions. Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

Signature

Edward W. Conk

Type or Print Name

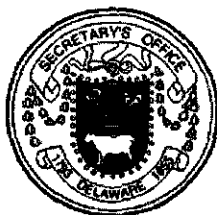
Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MONTECITO MEDICAL OPERATING COMPANY,
LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE SECOND DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.



5165494 8300

SR# 20201851356

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202497298

Date: 03-02-20

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