



FOREIGN REGISTRATION STATEMENT

For Office Use Only -FILED-

B0594-7300

Titl	le 30, Chapte	er 21, Idaho Co	ode		File #: 0004273561	
Bas	se Filing fee: \$1	100.00 + \$20.00 f	or manual proce	ssing (<u>form must</u>	be typ Date Filed: 5/4/202	1 2:39:00 PM
The name of the	entity is: HOS	PITAL MANAG	EMENT SERV	ICES, INC.		
The name which	it shall use in I	daho is: HOSP	ITAL MANAG	EMENT SERV	ICES, INC.	
Calact the time of	ef antitus various vija	h to register:	(Enter a name he	ere, only if you are req	uired to adopt an alternate na	ame)
Select the type of	7	-	nal Danta anahin			
■ Business Com			ral Partnership ral Cooperative /	Naaasiatian		
□ Nonprofit Corp □ Limited Liabilit					liability limited partners	hin
☐ Limited Liabilit	-			1000	mon-law Business Trus	•
☐ Other:	y Company	Li Statul	tory Trust, Busin	ess Trust, Of Con	IIIOII-IAW Dusiiless Tu	5 t
		(Use "Other"	only if your foreign e	entity type is not listed	above, and enter the type he	ere.)
Jurisdiction of for	motion: CALIE	3-3	, , .	, ,,,,	,,, / ,	
Julisaiction of to	mation. OALIF		the domestic jurisdi	ction where the entity	was formed)	
The address of it	ts principal offic		comeste junsur	cash made the chary		
		0, SIMI VALLEY	, CA 93065			
(Street Address)			47 200 (200 (200 (200			
(Mailing Address, if	different)					
The address of it	ts domestic prir	ncipal office (if red	quired by the law	s of the jurisdiction	on of formation) is:	
	-	THE PROPERTY OF THE PROPERTY O				
2655 1ST STR	EET SUITE 20	0, SIMI VALLEY	', CA 93065			
(Street Address)	EET SUITE 20	0, SIMI VALLEY	', CA 93065			
	EET SUITE 20	0, SIMI VALLEY	′, CA 93065			
		0, SIMI VALLEY	′, CA 93065			
(Street Address) (Mailing Address, if	different)			sed, if different fro	om item 5, is:	-
(Street Address) (Mailing Address, if	different) ress to which co	orrespondence st	hould be address	sed, if different fro	om item 5, is:	
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(Street Address) (Mailing Address, if of the mailing address) (Address)	different) ress to which co G LAKE AVEN	orrespondence st UE, MERIDIAN,	hould be address ID 83642	sed, if different fro	om item 5, is:	
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State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HOSPITAL MANAGEMENT SERVICES, INC.

FILE NUMBER: FORMATION DATE:

C0796271 05/27/1977

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect 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 March 27, 2021.

Shirley N. Weber, Ph.D. Secretary of State