

Filing Fee: \$50.00

ID Number: 000516914



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**FICTITIOUS BUSINESS NAME STATEMENT**

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is: COASTAL HEALTHCARE SOLUTIONS, LLC
2. The fictitious business name to be used is HEALTHSAFE, LLC
3. The state or territory under the laws of which it is incorporated, organized or formed is NEVADA
4. The date of incorporation, organization or formation is 10/26/2009
5. If a business corporation, the address of its registered office within Rhode Island is 222 JEFFERSON BOULEVARD, SUITE 200, WARWICK, RI 02888
6. If a business corporation, the business in which it is engaged MAIL ORDER DIABETIC SUPPLIES
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

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SECRETARY OF STATE  
CORPORATIONS DIV

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 10/31/09

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By \_\_\_\_\_  
Signature of Authorized Officer of the Corporation

or  
By [Signature]  
Signature of Authorized Person for the Limited Liability Company

or  
By \_\_\_\_\_  
Signature of Authorized Person for the Limited Partnership

**FILED**  
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By 103387  
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