

Filing Fee: \$50.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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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, 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: HEALTHID PROFILE, INC.
2. The fictitious business name to be used is HEALTHID, INC.
3. The state or territory under the laws of which it is incorporated, organized or formed is DELAWARE
4. The date of incorporation, organization or formation is 8-30-12
5. If a business corporation, the address of its registered office within Rhode Island is 95 CHESTNUT ST - 3RD FL.
PROVIDENCE, RI 02903
6. If a business corporation, the business in which it is engaged MEDICAL TECHNOLOGY COUPLED
WITH CONSUMER BASE PRODUCTS.
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

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

Date: 11/13/12

HEALTHID PROFILE, INC.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature]

Signature of Authorized Officer of the Corporation

or

By _____

Signature of Authorized Person for the Limited Liability Company

or

By _____

Signature of Authorized Person for the Limited Partnership

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BY 183171

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