



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information** *(Entity Name is only required for a Certificate of Non-Existence)*

| ID        | ENTITY NAME            | CERTIFICATE TYPE          |
|-----------|------------------------|---------------------------|
| 000920881 | LEXXUS HEALTHCARE, LLC | Good Standing Certificate |

**Total Fee: \$74.50**

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: DAVID GREENBERG

Business Name:

No. and Street: 1371 SW 12 AVENUE

City or Town: POMPANO BEACH

State: FL

Zip: 33069

Country: USA

Contact Phone: (954) 943-2800 ext:

Contact Email: GETDAVIDHG@GMAIL.COM

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**