



**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

ID	ENTITY NAME	CERTIFICATE TYPE
000509300	AVANT HEALTHCARE PROFESSIONALS, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Lesia Hise

Business Name: Avant Healthcare Professionals

No. and Street: 1211 State Road 436, Suite 227

City or Town: Casselberry

State: FL

Zip: 32707

Country: USA

Contact Phone: 4076811331 ext:

Contact Email: lhise@avanthealthcare.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.