



**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
000865282	AGILITY HEALTH, LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Cheryl Stricklen

Business Name: Miller Johnson

No. and Street: P.O. Box 306

City or Town: Grand Rapids

State: MI

Zip: 49501-0306 Country: USA

Contact Phone: 616-831-1811 ext:

Contact Email: stricklenc@millerjohnson.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.