



**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
000941872	CF MEDICAL, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: MICHELLE LYON

Business Name: Sessions, Fishman, Nathan & Israel

No. and Street: 3850 N. CAUSEWAY BLVD.  
SUITE

City or Town: METAIRE

State: LA

Zip: 70002

Country: USA

Contact Phone: 5048283700 ext:

Contact Email: licensing@sessions.legal

**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.**