



**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
001701854	ProCare Pharmacy Benefit Manager, Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Deborah Wolf

Business Name: ProCare Pharmacy Benefit Manager, Inc.

No. and Street: 1267 PROFESSIONAL PKWY

City or Town: GAINESVILLE

State: GA

Zip: 30507

Country: USA

Contact Phone: ext:

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