

## State of Rhode Island 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
001693235	KDM ANESTHESIA SERVICES, LLC	Certificate of Good Standing

## **Filer's Contact Information**

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

Contact Name: <u>Dana Blythe</u>

Business Name: Bankers Healthcare Group

No. and Street: 201 Solar Street

City or Town: Syracuse State: NY Zip: 13204 Country: USA

 $\begin{array}{lll} \text{Contact Phone:} & \underline{954\text{-}660\text{-}9271} & \text{ext:} \\ \text{Contact Email:} & \underline{dblythe@bhg\text{-}inc.com} \end{array}$ 

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