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
000553420	Symbria Rehab, Inc.	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Jennifer Sebek
Business Name: Symbria Rehab, Inc.
No. and Street: 28100 Torch Parkway
Suite 600
City or Town: Warrenville State: IL Zip: 60555 Country: USA
Contact Phone: 6304135817 ext:
Contact Email: mtyler@symbria.com