



**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
000474411	FRANK MICHAEL D'ALESSANDRO, MD, INC.	Certificate of Fact - Name Change

**Filer's Contact Information**

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

Contact Name: Miraj Patel

Business Name: Village Practice Management Company

No. and Street: 125 S Clark Street

City or Town: Chicago

State: IL

Zip: 60603

Country: USA

Contact Phone: ext:

Contact Email: mpatel@villagemd.com