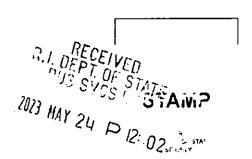
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Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

Entity ID Number:	2. The name of the Limited Liability Company is:			
001748128 L757646	TotalMed LLC			
3. The fictitious business name to be used is:				
TotalMed Staffing				
4. The state or country the entity is formed is:		5. The date of formation is:	5. The date of formation is:	
Delaware		03/09/2023	03/09/2023	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.				
Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.				
Name of Applicant Limited Liability Company			Date	
TotalMed LLC			5/5/2023	
Signature of Authorized Person				
Jon Bale				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

May 24, 2023 12:02 PM

Gregg M. Amore Secretary of State

Treg M. Coure

