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State of Rhode Island Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00



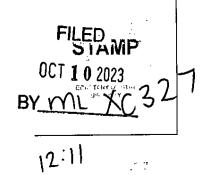
Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number:	2. The name of the Lim	2. The name of the Limited Liability Company is:		
000121142	Ciox Health, LL0	Ciox Health, LLC		
3. The fictitious business	name to be used is:			.
Datavant Group				
4. The state or country the	e entity is formed is:	5. The date of formation	s:	
GA		10/26/2001		
	authorized to do business in		· · · · · · · · · · · · · · · · · · ·	
7. Under penalty of perjuing information contained here.		have examined this Fictitious Busi	ness Name Statement a	and that the
Name of Applicant Limite	d Liability Company		Date	
Ciox Health, LLC			10/6/2023	
Signature of Authorized F	Person			
Susan Lawlor				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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



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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:

October 10, 2023 12:11 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

