



**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
001783109	Performance Physical Therapy Management, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Michelle Moore

Business Name: Brownstein Hyatt Farber Schreck, LLP

No. and Street: 675 15TH STREET, SUITE 2900

BROWNSTEIN HYATT FARBER SCHRECK, LLP

City or Town: Denver

State: CO Zip: 80202 Country: USA

Contact Phone: 3032231427 ext:

Contact Email: mmoore@bhfs.com