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
000161600	IlluminOss Medical, Inc.	Certificate of Good Standing

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

Contact Name: William Stanley Johnson
Business Name: HealthpointCapital Management, LLC
No. and Street: 505 Park Ave. 17th Floor
City or Town: New York State: NY Zip: 10022 Country: USA
Contact Phone: 9499814595 ext:
Contact Email: bjohnson@healthpointcapital.com