

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Fictitious Business Name Statement

DOMESTIC or FOREIGN Non-Profit Corporation

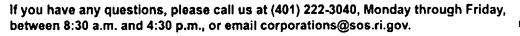
→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-6-11</u> the undersigned non-profit corporation 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 corporation:		
1698507	Adventist Health System Sunbelt Healthcare Corporation		
3. The fictitious business name to be used is:			
Expedien RX Pharmacy			
4. The corporation is organize	e corporation is organized under the laws of: 5. The date of incorporation		is:
Florida		September 17, 1981	
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 Non-Profit Corporation			
Lynn Addiscott			
Title of Authorized Person			Date
Assistant Secretary			8/9/2019
Signature of Authorized Person			
(signal Additised TT			

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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SECRETA

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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, 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:

August 13, 2019 11:00 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

