State of Rhode Island Fee: \$50.00 Office of the Secretary of State
Division Of Business Services 148 W. River Street
Providence RI 02904-2615 (401) 222-3040
Limited Liability Company Annual Report
Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR: 2022
1. ID No. <u>001672631</u>
2. Exact Name of the Limited Liability Company <u>New Mediscan II, LLC</u>
3. State of Formation
State: <u>CA</u>
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.
<u>623110</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
TEMPORARY HEALTHCARE STAFFING
5. Principal Office Address
No. and Street: <u>21820 BURBANK BLVD.</u> SUITE 310
City or Town: WOODLAND HILLS State: CA Zip: 91367 Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
No. and Street:6551 PARK OF COMMERCE BLVD.City or Town:BOCA RATONState:FLZip:33487Country:USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11
CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

## Signed this 27 Day of June, 2022 at 2:53:18 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>SUSAN BALL</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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