	State of Rhode	Island		Fee: \$50.00				
Office of the Secretary of State								
Division Of Business Services 148 W. River Street								
	Providence RI 029							
7636	(401) 222-30	40						
Foreign Business Corpora	tion							
Annual Report Filing Period: February 1 - May								
		foiling or	ofucing to					
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law								
(R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.								
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR <b>2024</b> : <u>2024</u>								
1. Corporate ID No. 001736921								
2. Name of Corporation Arcadian Telepsychiatry Florida P.A.								
3. Street Address Principal B	usiness Office:							
No. and Street: 141 PARK	ER ST. SUITE 306							
City or Town: MAYNAR	<u>D</u> Sta	ate: <u>MA</u>	Zip: <u>01754</u>	Country: <u>USA</u>				
4. Business Phone No.								
<u>4138471948</u>								
5. State of Incorporation								
State: <u>FL</u>								
	NAICS CODE							
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.								
<u>621330</u>								
6. Brief Description of the Character of Business Conducted in Rhode Island								
TO ENGAGE IN THE PRACTICE OF MEDICINE								
7. Names and Addresses of t	7. Names and Addresses of the Officers and Directors:							
All officers and directors must be listed.								
Title	Individual Name	- م مارا مح	Addre					
·	First, Middle, Last, Suffix	Address,	City of Town, Stat	e, Zip Code, Country				

	PRESIDENT	MICHAEL ANDERSON M.D.	141 PARKER STREET, SUITE 306 MAYNARD, MA 01754 USA				
8. Shares Authorized and Issued							

.

CWP		\$0.0100	100.00	100
			Number of Shares	Shares
			Shares	Num of
		Share	Total Authorized	Outstanding
Class of Stock	Series of Stock	Par Value Per		and
				I otal Issued

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**Signed this 23 Day of April, 2024 at 3:36:13 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By ZACHARY FLORENCE

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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