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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.*

1. Corporate ID No.	2. Name of Corporation			
506091	First Choice Medical Supply, Inc			
3. Street Address Principal Business Office		City	State	Zip
3690 South 500 West Suite 104		Salt Lake City	UT	84115
4. Business Phone No.	5. State of Incorporation			
(801) 713-0432	Utah			

6. Brief Description of the Character of Business Conducted in Rhode Island
Purchase and Resale of Durable Medical Equipment

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Patrick McGinley			Brandon Bliss		
Street Address			Street Address		
8665 Bash Street			1701 Quincy Ave, Unit 5F-6		
City	State	Zip	City	State	Zip
Indianapolis	IN	46256	Naperville	IL	40540
Secretary Name			Treasurer Name		
Patrick McGinley			Robert Gallup		
Street Address			Street Address		
8665 Bash Street			716 East 4500 South Suite 260S		
City	State	Zip	City	State	Zip
Indianapolis	IN	46256	Salt Lake City	UT	84107

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
∅	—	∅

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.

[redacted] [redacted]

FILED
File Date OCT 11 2011
Check No. By MMC
By: 1666
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68410-0-654855

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature — Date 10/4/11

Patrick McGinley
Print or Type Name

[redacted] President/Secretary
Title

Form 630 Rev. 08/08