



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

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:** 2014

**1. Corporate ID No.** 000798576

**2. Name of Corporation** OCN Physicians, P.C.

**3. Street Address Principal Business Office:**

No. and Street: 75 STATE STREET  
26TH FLOOR

City or Town: BOSTON State: MA Zip: 02109 Country: USA

**4. Business Phone No.**

8009279801

**5. State of Incorporation**

State: MN

**6. Brief Description of the Character of Business Conducted in Rhode Island**

PRACTICE OF MEDICAL CARE USING TELEHEALTH

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PETER ANTALL M.D.	2550 SANDYCREEK DR WESTLAKE VILLAGE , CA 91361 USA
TREASURER	PETER ANTALL M.D.	2550 SANDYCREEK DR WESTLAKE VILLAGE, CA 91361 USA
SECRETARY	PETER ANTALL M.D.	2500 SANDYCREEK DR WESTLAKE VILLAGE, CA 91361 USA
DIRECTOR	PETER ANTALL M.D.	2550 SANDYCREEK DR WESTLAKE VILLAGE , CA 91361 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	1,000.00	100

**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 24 Day of February, 2014 at 5:02:22 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 PETER ANTAL M.D.  
Signature of Authorized Representative of the Corporation

AUTHORIZED SIGNER  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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