



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: 2015

1. Corporate ID No. 000869993

2. Name of Corporation Prime Healthcare Management, Inc.

3. Street Address Principal Business Office:

No. and Street: 3300 E. GUASTI ROAD, 3RD FLOOR

City or Town: ONTARIO

State: CA Zip: 91761 Country: USA

4. Business Phone No.

9092354327

5. State of Incorporation

State: CA

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

PROVIDER OF MANAGEMENT SERVICES TO HOSPITALS AND MEDICAL GROUPS

7. Names and Addresses of the Officers and Directors:

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

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | PREM REDDY, M.D.                               | 3300 E. GUASTI ROAD, 3RD FLOOR<br>ONTARIO, CA 91761 USA    |
| SECRETARY | TROY A SCHELL                                  | 3300 EAST GUASTI ROAD, 3RD FLOOR<br>ONTARIO, CA 91761 USA  |
| CFO       | MICHAEL A HEATHER                              | 3300 EAST GUASTI ROAD, 3RD FLOOR<br>ONTARIO, CA 91761 USA  |
| PARALEGAL | LEE A. GREENE                                  | 3300 EAST GUASTI ROAD, 2ND FLOOR<br>ONTARIO, CA 91761 USA  |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| CNP            |                 | \$0.0000            | 100,000.00                                            | 10000                                                          |

**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 13 Day of February, 2015 at 5:25:46 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 TROY A. SCHELL  
Signature of Authorized Representative of the Corporation

**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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