

STATE OF RHODE ISLAND AND PRCVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	me of the Corporation					
736938	Physicia	Physician Onsite, Inc.					
3. State of Incorporation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
NV	To prov	To provide not-for-profit services and outreach in the medical field					
5. Principal office address 3570 Keith Street, NV			City Cleveland	State TN	Zip 37312		
s, ist gal orriginis (n			OR ATTACHMENT) [7]				
	President Name			Vice-President Name			
Forrest L. Preston	-		Kenneth L. Scott, Jr., D.O.				
Street Address	_		Street Address				
3570 Keith Street, NW			3570 Keith Street, N				
City	State	Zip	City	State	Zip		
Cleveland	TN	37312	Cleveland	TN	37312		
Secretary Name			Treasurer Name				
JoAnna Crooks			J. Stephen Ziegler				
Street Address			Street Address				
3570 Keith Street, NW			3570 Keith Street, N	W	>		
City	State	Zip	City	State	Zip № 🚉		
Cleveland	TN	37312	Cleveland	TN	37312		
7. LIST ALL DIRECTORS (N ("X" BOX FOR ATTACHM	IAMES AND ADD IENT) 🔽	IRESSES). PHODE IS	ILAND CORPORATIONS MUST	LIST NO LESS THAN	THREE (8) TUNECTORS		
Director Name	tor Name		Director Name				
Forrest L. Preston			JoAnna Crooks — $\stackrel{\sim}{=}$		<u> </u>		
Street Address	Street Address			Street Address			
3570 Keith Street, NW	·		3570 Keith Street, N	W			
City	State	Zip	City	State	Zip		
Cleveland	TN	37312	Cleveland	TN	37312		
Director Name			Director Name				
Kenneth L. Scott, Jr.,	D.O.		Beecher Hunter				
Street Address			Street Address				
3570 Keith Street, NW	† 		3570 Keith Street, N	W			
City	State	Zip	City	State	Zip		
Cleveland	TN	37312	Cleveland	TN	37312		
8. REGISTERED AGENT IN							
This information is currently	y of record in the	e Office of the Secreta	ary of State. Changes require fil	ing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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FOR SECRETARY OF STATE USE O	
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Charle No.	
File Date	

Form No. 631 Revised: 05/2012

BY 249376

Under penalty of perjury, I declare and affirm that I have exa	mined
this report, including any accompanying schedules and stat	ements

Signature of Officer

Joan E. Thurmond

Print or Type Name of Officer

Assistant Secretary

Title of Officer