STATE OF RHODE ISLAND AND PROVIDENCE 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 name of the Corporation
736938	**Physician Onsite, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
NV	**To provide not-for-profit services and outreach in the medical field**

5. Principal office address	City	State	Zip
3570 Keith Street, NW	**Cleveland**	**TN**	**37312**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☑

President Name	Vice-President Name
Forrest L. Preston	**Kenneth L. Scott, Jr., D.O.**
Street Address: **3570 Keith Street, NW**	Street Address: **3570 Keith Street, NW**
City: **Cleveland** State: **TN** Zip: **37312**	City: **Cleveland** State: **TN** Zip: **37312**
Secretary Name: **JoAnna Crooks**	Treasurer Name: **J. Stephen Ziegler**
Street Address: **3570 Keith Street, NW**	Street Address: **3570 Keith Street, NW**
City: **Cleveland** State: **TN** Zip: **37312**	City: **Cleveland** State: **TN** Zip: **37312**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS. ("X" BOX FOR ATTACHMENT) ☑

Director Name	Director Name
Forrest L. Preston	**JoAnna Crooks**
Street Address: **3570 Keith Street, NW**	Street Address: **3570 Keith Street, NW**
City: **Cleveland** State: **TN** Zip: **37312**	City: **Cleveland** State: **TN** Zip: **37312**
Director Name: **Kenneth L. Scott, Jr., D.O.**	Director Name: **Beecher Hunter**
Street Address: **3570 Keith Street, NW**	Street Address: **3570 Keith Street, NW**
City: **Cleveland** State: **TN** Zip: **37312**	City: **Cleveland** State: **TN** Zip: **37312**

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

2015 MAY 21 A 10:16
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CORPORATIONS DIV.

File Date _____
Check No _____
By: _____ FILED IC
FOR SECRETARY OF STATE USE ONLY
MAY 21 2015

Form No. 631
Revised: 05/2012

BY 249376

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.

Joan E. Thurmond 5/19/15
Signature of Officer Date

Joan E. Thurmond
Print or Type Name of Officer

Assistant Secretary
Title of Officer