



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>179235</u>		2. Exact name of the limited liability company <u>PMAB, LLC</u>			
3. State of Formation <u>North Carolina</u>		4. Brief description of the character of business conducted in Rhode Island <u>Medical Collections</u>			
5. Principal office address <u>4135 South Hargett Blvd, Suite 400</u>		City <u>Charlotte</u>	State <u>NC</u>	Zip <u>28217</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Caroline Parr</u>		Contact Title <u>Executive Assistant</u>			
Street Address <u>4135 South Hargett Blvd, Suite 400</u>		City <u>Charlotte</u>	State <u>NC</u>	Zip <u>28217</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“X”) BOX FOR ATTACHMENT <input type="checkbox"/>					
Manager Name <u>Michael H. Correy</u>		Manager Name <u>R. Chad Polk</u>			
Street Address <u>15315 Holly Trail Lane</u>		Street Address <u>10900 Pioneer Mill Road</u>			
City <u>Davidson</u>	State <u>NC</u>	Zip <u>28036</u>	City <u>Concord</u>	State <u>NC</u>	Zip <u>28045</u>
Manager Name <u>Christopher B. Horton</u>		Manager Name			
Street Address <u>3556 Diletsky Lane</u>		Street Address			
City <u>Charlotte</u>	State <u>NC</u>	Zip <u>28217</u>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND <u>Chad Polk</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 19 2015

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File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

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 of Authorized Person

10.16.2015  
Date

R. Chad Polk  
Print or Type Name of Authorized Person