



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

Professional 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: 2016

1. Corporate ID No. 000535681

2. Name of Corporation Hospital Medicine Physicians of Rhode Island, P.C.

3. Street Address Principal Business Office:

No. and Street: 307 S. EVERGREEN AVE.

City or Town: WOODBURY

State: NJ

Zip: 08096

Country: USA

4. Business Phone No.

8656931000

5. State of Incorporation

State: RI

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

MEDICAL STAFFING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STEPHEN HOLTZCLAW MD	14050 NW 14TH ST., SUITE 190 FT. LAUDERDALE, FL 33323 USA
ASSISTANT SECRETARY	JOHN R STAIR	265 BROOKVIEW CENTRE WAY, SUITE 400 KNOXVILLE, TN 37919 USA
ASSISTANT TREASURER	CAROLE BELMAR	265 BROOKVIEW CENTRE WAY, SUITE 400 KNOXVILLE, TN 37919 USA
DIRECTOR	STEPHEN HOLTZCLAW MD	14050 NW 14TH STREET, SUITE 190 FT. LAUDERDALE, FL 33323 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>
STK		\$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 16 Day of February, 2016 at 12:10:40 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 JOHN R. STAIR
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved