



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 BUS. SVCS. DIV.
 2016 DEC 05 PM 2:55

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000854994		2. Exact name of the Corporation Prospect Medical Systems, Inc.	
3. Principal Office Address 3415 S. Sepulveda Blvd., 9th Floor		City Los Angeles	State CA
		Zip 90034	
4. Business Phone Number (310) 943-4510		5. State of Incorporation Delaware	
6. Brief description of the character of business conducted in Rhode Island Healthcare			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Brown, Jim		Vice-President Name Aleman, Steve	
Street Address 3415 S. Sepulveda Blvd., 9th Floor		Street Address 3415 S. Sepulveda Blvd., 9th Floor	
City Los Angeles	State CA	Zip 90034	City Los Angeles
			State CA
			Zip 90034
Secretary Name Shin, Ellen		Treasurer Name Kam, Lily	
Street Address 3415 S. Sepulveda Blvd., 9th Floor		Street Address 3415 S. Sepulveda Blvd., 9th Floor	
City Los Angeles	State CA	Zip 90034	City Los Angeles
			State CA
			Zip 90034
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Lee, Samuel		Director Name	
Street Address 3415 S. Sepulveda Blvd., 9th Floor		Street Address	
City Los Angeles	State CA	Zip 90034	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		2,500.00	Common
			\$0.0100
11. 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. 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.			
Name of Authorized Representative Cardell Rankin			Date 10/31/2016
Signature of Authorized Representative SIGN DOCUMENT HERE			

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

DEC 05 2016

By AR 290104 FORM 630 - Revised: 05/2016