State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Stret Providence RI 02904-2615 (401) 222-3040 Foreign Business Corporation Annual Report Foreign Business Corporation Annual Report Foreign Business Corporation Annual Report Foreign Business Corporation Annual Report Foreign Business Corporation Annual Report With R1 61. 7-12-1501 (eds) ach corporation failing or refusing to file its annual report with R1 61. 7-12-1501 (eds) acht corporation failing or refusing to file its annual report with R1 60. 201007661 2. Name of Corporation Franklin & Seidelmam, Inc; 3. Street Address Principal Business Office: No, and Street: 7100 WEST SUNRISE BOULEVARD City or Town: PLANTATION State: FL zip: 33322 Country: USA A Business Phone No. State: OH ATTICLE II Using the following NAICS codes, please select the code that best describes your business. INAICS Code §1 A Brief Description of the Character of Business Conducted in Rhode Island TO RENDER THE PROFESSIONAL SERVICES OF A PHYSICIAN LICENSED TO PRACTICE MEDICINE. IN THE STATE OF OHIO AND TO ENCAGE IN SUCH LAWFUL ACTS OR ACTIVITIES NECESSARY OR AP							
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Foreign Business Corporation Annual Repot Filing Parod: January 1 - March 1 In accordance with RLGL 7.1.2.1501(e), each corporation failing or refusing to file its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. 7.1.2-1501 (e&0) is subject to a panality lae of \$25.00. ANNUAL REPORT YEAR: 2017 1. Corporate ID No. 001007661 2. Name of Corporation Franklin & Scidelmann, Inc. 3. Street Address Principal Business Office: No. and Street: 7700 WEST SUNRISE BOULEVARD City or Town: PLANTATION State: FL Zip: 33322 Country: USA 4. Business Phone No. 5. State of Incorporation State: OH ARTICLE III Using the following NAICS codes, please select the code that best describes your business. NAICS Code §1 6. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER THE PROFESSIONAL SERVICES OF A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN THE STATE OF OHIO AND TO ENGAGE IN SUCH LAWFUL ACTS OR ACTIVITIES NECESSARY OR APPROPRIATE IN CONNECTION THEREWITH. 7. Names and Addresses of the Officers and Directors: All officers and directors must be listed. Title Individual Name First, Middle, Last, Suffix Address Address Address Address		148 W. River S Providence RI 0290	treet)4-2615				
Annual Report Filing Period: January 1 - March 1 In accordance with R.I.G.L. 7-12-1501(e), each corporation failing or refusing to file its annual report within thirt (30) days after the time prescribed by law (R.I.G.L. 7-12-1501 (e&d)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. Corporate ID No. 001007661 2. Name of Corporation Franklin & Seidelmann, Inc. 3. Street Address Principal Business Office: No. and Street: 7700 WEST SUNRISE BOULEVARD City or Town: PLANTATION State: 71 Answiss Phone No. State: OH ARTICLE III Using the following NAICS codes, please select the code that best describes your business. NAICS Code 81 6. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER THE PROFESSIONAL SERVICES OF A PHYSICIAN LICENSED TO PRACTICE MEDICINE IN THE STATE OF OHIO AND TO ENGAGE IN SUCH LAWFUL ACTS OR ACTIVITIES NECESSARY OR APPROPRIATE IN CONNECTION THEREWITH. 7. Names and Addresses of the Officers and Directors: All officers and directors must be listed. Title Individual Name First, Middia, Last, Suffix Address, City or Town, State, Zip Code, Country	HOPE	(401) 222-304	40				
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All officers and directors must be listed. Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country RRESIDENT MARIA RODRIGUEZ	MEDICINE IN THE STATE OF OHIO AND TO ENGAGE IN SUCH LAWFUL ACTS OR						
Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	7. Names and Addresses of the Officers and Directors:						
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country RRESIDENT MARIA RODRIGUEZ	All officers and directors must be listed.						
	Title			da 0a i			
	PRESIDENT						

			PLA	NTATION, FL 33322 U	SA		
TREASURER	MARIA RODRIGUEZ		7700 WEST SUNRISE BOULEVARD PLANTATION, FL 33322 USA				
SECRETARY	MARIA RODRIGUEZ		7700 WEST SUNRISE BOULEVARD PLANTATION, FL 33322 USA				
DIRECTOR	MARIA RODRIGUE	ΞZ	7700 WEST SUNRISE BOULEVARD PLANTATION, FL 33322 USA				
8. Shares Authorized and Issue	ed						
Class of Stock	Series of Stock	Par Value Per Share		Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares		
CNP		\$0.0000		850.00	850		
Signed this 28 Day of Januar or individuals signing this ins signatory, under penalties of p act and deed of the corporation electronic filing, in compliance	trument constitutes perjury, that this ins on, and that the fact	the affir strument ts stated	mation or ac is that indiv herein are t	cknowledgement idual's act and de	of the eed or the		
By <u>KELLY LETTMANN</u> Signature of Authorized Representative of the Corporation							
Form No. 630 Revised 09/07							
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