



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

**Foreign Business 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:** 2017

**1. Corporate ID No.** 000791922

**2. Name of Corporation** Advocate Medical Services, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 1202 TECH BOULEVARD, SUITE 105

City or Town: TAMPA

State: FL Zip: 33619 Country: USA

**4. Business Phone No.**

6129286921

**5. State of Incorporation**

State: FL

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

44-45

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

PROVIDER OF MEDICAL SUPPLIES

**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, City or Town, State, Zip Code, Country
CEO	GAYLE DEVIN	1701 BROADWAY ST NE MINNEAPOLIS, MN 55413 USA
CFO	RONALD PIERCE	1701 BROADWAY STREET NE MINNEAPOLIS, MN 55413 USA

DIRECTOR	GREGG T ANDERSON	1701 BROADWAY STREET NE MINNEAPOLIS, MN 55413 USA
DIRECTOR	WALLACE W WEEKS	2104 LIONEL DRIVE MELBOURNE, FL 32940 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>
CWP		\$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 28 Day of February, 2017 at 2:44:37 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 GAYLE DEVIN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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