



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:  
Corporation

2017

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

 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 MAR -7 PM 1:15

1. Entity ID Number 000874080		2. Exact name of the Corporation BIO-MED SERVICES, INC.			
3. Principal Office Address 3300 E. GUASTI ROAD, 3RD FLOOR			City ONTARIO	State CA	Zip 91761
4. Business Phone Number: (909)235-4327		6. Brief description of the character of business conducted in Rhode Island  PROVIDER OF MANAGEMENT SERVICES TO HOSPITALS AND MEDICAL GROUPS			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name PREM REDDY, M.D.			Vice-President Name NONE		
Street Address 3300 E. GUASTI ROAD, 3RD FLOOR			Street Address		
City ONTARIO	State CA	Zip 91761	City	State	Zip
Secretary Name TROY SCHELL, GENERAL COUNSEL			Treasurer Name MICHAEL HEATHER, CFO		
Street Address 3300 E. GUASTI ROAD, 3RD FLOOR			Street Address 3300 E. GUASTI ROAD, 3RD FLOOR		
City ONTARIO	State CA	Zip 91761	City ONTARIO	State CA	Zip 91761
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name PREM REDDY, M.D.			Director Name NONE		
Street Address 3300 E. GUASTI ROAD, 3RD FLOOR			Street Address		
City ONTARIO	State CA	Zip 91761	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES NONE	CLASS/SERIES	PAR VALUE
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. <i>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.</i>					
Name of Authorized Representative MICHAEL HEATHER, CFO				Date 11/29/16	
Signature of Authorized Representative <div style="text-align: center;">               SIGN DOCUMENT HERE <b>FILED</b> </div>					

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BY 297671