State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 MAR -7 PM 1:15

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	2. Exact name of the Corporation			
000874080	BIO-MED SERVICES, INC.			
3. Principal Office Address		City	State	Zip
3300 E. GUASTI ROAD, 3RD FLOOR		ONTARIO	CA	91761
4. Business Phone Number: (909)235-4327	6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation DELAWARE	PROVIDER OF MANAGEMENT SERVICES TO HOSPTALS AND MEDICAL GROUPS			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
PREM REDDY, M.D.			NONE		
Street Address			Street Address		
3300 E. GUASTI ROAD, 3RD FLOOR					
City / State / Zip			City / State / Zip		
ONTARIO	CA	91761			
Secretary Name			Treasurer Name		
TROY SCHELL, GENERAL COUNSEL			MICHAEL HEATHER, CFO		
Street Address			Street Address		
3300 E. GUASTI ROAD, 3RD FLOOR			3300 E. GUASTI ROAD, 3RD FLOOR		
City / State / Zip			City / State / Zip		
ONTARIO	CA	91761	ONTARIO	CA	91761

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
PREM REDDY, M.D.			NONE		
Street Address			Street Address		
3300 E. GUASTI ROAD, 3RD FLOOR					
City / State / Zip			City / State / Zip		
ONTARIO	CA	91761			
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	NONE		

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	Date
MICHAEL HEATHER, CFO	11/29/16

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
MAR 07 2017 1:17
By 297671

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

FORM 630 - Revised: 08/2016