



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

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Annual Report for the year: 2016
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 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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.		10. Shares Issued			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		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 MICHAEL HEATHER, CFO				Date 11/29/16	
Signature of Authorized Representative 				FILED MAR 07 2017 By <u>297671</u> 1:16	

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