



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

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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 MAR - 7 PM 1:16

1. Entity ID Number 000869993		2. Exact name of the Corporation PRIME HEALTHCARE MANAGEMENT, INC.			
3. Principal Office Address 3300 E. GUASTI ROAD, 3RD FLOOR			City ONTARIO		State CA
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 CALIFORNIA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PREM REDDY, MD			Vice-President Name NONE		
Street Address 3300 E. GUASTI RD. 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 RD. 3RD FLOOR			Street Address 3300 E. GUASTI RD. 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, MD			Director Name NONE		
Street Address 3300 E. GUASTI RD. 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		
			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. 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					

MAR 07 2017

By 297670