



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

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.

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 MAR - 7 PM 1:16
 91761

1. Entity ID Number 001658877		2. Exact name of the Corporation PRIME HEALTHCARE 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 PROFESSIONAL MEDICAL SERVICES			
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 MIKE HEATHER, CFO		
Street Address 3300 E. GUASTI ROAD, 3RD FLOOR			Street Address 3300 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 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
			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					

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