State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000736938

2. Name of Corporation Physician Onsite, Inc.

3. State of Incorporation

State: NV

4. Corporate Address in Rhode Island

No. and Street: 3570 KEITH STREET, NW
City or Town: CLEVELAND, TN State: RI Zip: 37312 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 3570 KEITH STREET, NW

City or Town: CLEVELAND State: TN Zip: 37312 Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE NOT FOR PROFIT SERVICES AND OUTREACH IN THE MEDICAL FIELD

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	FORREST L PRESTON	3570 KEITH STREET, NW CLEVELAND, TN 37312 USA
TREASURER	STEPHEN ZIEGLER	3570 KEITH STREET, NW CLEVELAND, TN 37312 USA
VICE PRESIDENT	KENNETH L. SCOTT JR.	3570 KEITH STREET, NW CLEVELAND, TN 37312 USA
ASSISTANT SECRETARY	CINDY S. CROSS	3570 KEITH STREET, NW CLEVELAND, TN 37312 USA

ASSISTANT SECRETARY	JOAN E. THURMOND	3570 KEITH STREET, NW CLEVELAND, TN 37312 USA
OTHER OFFICER	RICHARD SWANKER	3570 KEITH STREET, NW CLEVELAND, TN 37312
VICE PRESIDENT	BEECHER HUNTER	3570 KEITH STREET, NW CLEVELAND, TN 37312 USA
DIRECTOR	JOANNA CROOKS	3570 KEITH STREET, NW CLEVELAND, TN 37312 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 10 Day of March, 2017 at 12:14:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOAN E. THURMOND, ASSISTANT SECRETARY
Signature of Authorized Person

Form No. 631
Revised 09/07